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COUNTY BOROUGH OF HASTINGS



ANNUAL REPORT

OF THE

Medical Officer of Health,

Chief Welfare Officer,

AND

Principal School Medical Officer

1961



T. H. PARKMAN, M.B., B.S., D.P.H.

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TABLE OF CONTENTS

	Page		Page
Preface	3	SECTION 7 (General Sanitary Administration).	
Chairmen of Committees	7	Water Supply	52
Staff of the Health and School Health Department	7	Swimming Baths	54
SECTION 1		Drainage and Sewerage	55
Vital Statistics 1961	9	Scavenging	56
SECTION 2		Street Cleansing	57
(National Health Service Act).		Pest Control	57
General review	17	Factories Acts	58
Care of Mothers and Young Children	17	SECTION 8	
Domiciliary Midwifery	23	(Housing and Sanitary Inspection).	
Health Visiting	24	Housing	60
Home Nursing	26	Noise Abatement	64
Vaccination and Immunisation	28	Caravan Sites	64
Ambulance Service	31	Sanitary Inspection of District	66
Prevention, Care and After-Care	33	SECTION 9	
Home Help Service	34	(Food Inspection and Hygiene).	
SECTION 3		Milk	67
(Mental Health Service).		Meat	68
Mental Health Act 1959	37	Ice-Cream	71
Care and After-Care for Mental Cases	37	Food and Drugs Act sampling	72
Mental Illness	37	Inspection of Restaurants, etc.	75
Guardianship	38	Food Hygiene Regulations 1960	76
Training—Occupation Centre	38	Fertilisers and Feeding Stuffs	77
SECTION 4		Pharmacy and Poisons Act	77
(National Assistance Act).		Merchandise Marks Act	77
Accommodation, etc. for Aged and Infirm	40	Shops Acts	78
Welfare Service (Handicapped Persons)	41	Pet Animals Act	79
Section 47 cases	44	SCHOOL HEALTH SERVICE	
Section 48 cases	44	Preface	83
Section 50 cases	44	Statistical Summary	84
SECTION 5		SECTION A	
Infectious Diseases	45	(Medical Inspection and Work of Clinics)	
SECTION 6		Routine Medical Inspection	85
(Miscellaneous).		Health Inspections	90
Registration of Nursing Homes	50	Work of School Nurses	90
Nurseries and Child Minders' Regulation Act	50	School Clinics	90
Medical Examinations	50	School exclusions	91
Children's Welfare Committee	50	Infectious diseases	91
Health Education	51	B.C.G. Immunisation	94
		Diphtheria immunisation	94
		Employment of School children	94
		School Meals service	95
		School Milk scheme	95
		Eye Clinics	95
		Child Guidance Clinic	96
		Speech Therapy Clinic	98
		Foot Health Clinic	99
		SECTION B	
		School Dental Service	100
		Orthodontic work	102
		SECTION C	
		(Handicapped Pupils).	
		Open Air Schools	103
		E.S.N. School	104
		Defective Hearing	105
		Residential Special Schools	106
		Hospital Treatment	106

HEALTH DEPARTMENT,
44 WELLINGTON SQUARE,
HASTINGS.

August, 1962.

To His Worship the Mayor, Aldermen and Councillors of the County Borough of Hastings.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report of the Medical Officer of Health, Chief Welfare Officer and Principal School Medical Officer, for the year 1961. The Report presents the main vital statistics for the Borough and comments briefly upon the various services run by the Council through the Health Department.

This year's figures show that the health of the inhabitants of the town continues to be in every way satisfactory. The general census taken in April 1961, showed an enumerated population of 66,346: the Register General's estimate of the resident population at mid 1961 was 66,180. These figures compare with the mid 1960 estimate of 65,130 and are the highest recorded since before the first World War with the sole exception of 1939, when the estimate was 66,480. A population increase of 2,280 in the past two years is a welcome step in the right direction: the number of persons of retirement age continues to be higher than the national average, as does the predominance of females over males.

The death rate corrected by the Registrar General's comparability factor of 0.63 was 12.28 per thousand comparing with the national rate of 12.0 and with 11.97 locally in 1960. The actual number of deaths was 1,285 (1,240 in 1960), 552 males and 733 females, 83.9% being of 65 years of age or over and 59.3% over 75 years.

The birth rate 11.9 (corrected rate 13.9, national rate 17.4) showed a small decrease on 1960 (corrected rate 14.15) and a rather larger one against the increased national birth rate for 1961. The number of live births 791 included 60 illegitimate births, an illegitimacy rate of 7.6%. Stillbirths at 10, stillbirth rate 12.4 per thousand, total births showed a further fall (national rate 19.1).

The infant mortality rate 15.1 was markedly lower than in previous years, there being 12 deaths of infants under one year of age: the national rate fell from 21.7 to 21.6. The neonatal mortality rate, i.e. the number of deaths of infants in the first month of life per thousand live births, also fell from 17.7 in 1960 to 13.9, against a national figure of 15.5. The perinatal mortality rate, i.e. the number of stillbirths and deaths in the first week of life per thousand total live and still births also declined from 36.0 to 19.9. The maternal mortality rate, i.e. deaths of mothers arising from child bearing and child birth was 1.26, one death so attributable having occurred.

The various services run by the Local Health Authority under the National Health Service Act, continued to work successfully under great pressure, and full details are given in the report which follows. The Infant Welfare Centres

have again been very extensively used by mothers for their babies and pre-school children, both for general infant care and for immunizations. The clinics started at Bourne Street and in the Holy Trinity Parish Hall, following the closure of the old Priory Street centre at the end of 1959, have built up to an extent where collectively they have outgrown their parent: numbers attending at the Ore Clinic seem to get larger and larger, and begin to set a problem in management: the numbers at London Road Centre, St. Leonards, have diminished, so that the second weekly session was discontinued in May, 1961.

With the agreement of the Ministry of Health, the Authority's ante- and post-natal clinics were discontinued in April, in view of the small numbers attending, this largely due to the fact that over 80% of confinements are in hospital which provides its own antenatal care. No particular problems have arisen from this action, as adequate care is provided by the general practitioner obstetricians, and the home midwives work in close conjunction with them. Efforts to provide a full scale service in antenatal health education and relaxation methods have not so far proved an unqualified success, but numbers attending are gradually increasing and will undoubtedly go on doing so as the scheme becomes better known: the "fathers' night" in each course has been well attended and has been found interesting by those present.

The Home Midwifery and Nursing Service which had been partly taken over from the Hastings and St. Leonards District Nursing and Maternity Association during 1961, came fully into the department in January 1962, when the office accommodation in 43 Wellington Square became available. The number of home confinements attended by the nurses both as midwives and as midwifery nurses, again declined slightly, hospital confinements increasing to 82%.

The number of new cases dealt with by the Home Nurses during the year was slightly less than in the previous period, but total attendances again increased, reflecting the ever growing number of old people who require long-term service from the Nurses. For the same reason, the Home Help Service again dealt with new record numbers both in the number of new cases taken on for help, the total numbers actually helped and in the number of home help hours worked. As the geriatric scheme gets under way, the pressure on this service will increase sharply, and early augmentation is a real necessity: more detailed reference is made to this later in the report.

The Ambulance Service faced the largest increase in demand in any one year yet, 22% more cases in total being carried than in the previous year, and there are no signs that the rate of increase will slacken off in the near future. 32,000 patients journeys among the population of a town the size of Hastings, which already has an adequate public transport service, is a pretty fantastic figure, seeing that the vast majority are for outpatient clinic appointments. The packaging methods used and the efficiency of the administration made it possible to do this increased work without a correspondingly large increase in mileage by the vehicles, but pressure on the staff is relentless.

The Mental Health Service has run very smoothly, many of the difficulties originally envisaged not having occurred as yet: the Council's scheme for hostels and centres remains "on paper" and are carried forward into the Ten Year Plan.

The Welfare Services for old people and the handicapped again experienced heavy demand. Each year sees more and more done in providing adaptations to crippled peoples' homes, and the provision of apparatus and gadgetry which helps them to achieve some measure of independance. New Moreton, opened in 1960, was fully used and has fulfilled a long felt want in providing purpose built accommodation for the more frail aged.

I feel obliged to make a general comment on the modern tendency for voluntary bodies engaged in the care of the disabled to subdivide and form ever increasing numbers of small highly specialised societies. Originally, all cripples were helped by Associations for the Care of Cripples, or a similarly named organisation; nowadays, the Spastics, Multiple Sclerotics and Infantile Paralytics, to name only a few, have hived off and formed their own associations. In these bodies, there is no essential difference other than causation of the disability to warrant such subdivision, in fact, the practical effects of the illness and the resulting functional handicap are to all intents and purposes identical, as are their members requirements for help. Provision of practical help in the shape of transport, meeting centres, occupational therapy, sheltered workshops or clubs is quite impracticable in a small community for each individual organisation separately, whether provided by themselves, or by the local authority or jointly: union, instead of fission, of groups with essentially similar handicaps would greatly strengthen the position for all concerned, as joint resources might well make appropriate welfare schemes an economic proposition and would certainly make local authority assistance in major schemes more practical.

I am glad to report that for the twelfth consecutive year, no case of diphtheria was notified, neither was there any case of poliomyelitis. Measles is a cyclical disease, epidemics of size occurring every second year, and 1961 was a "measles year": although the country as a whole experienced the expected rise in notifications for this disease, it is perhaps a local peculiarity or freak that Hastings largely missed the outbreak, only 289 cases being notified instead of the forecast four figures. Only one mild case of food poisoning was diagnosed, a tribute to the years of hard work by the public health inspectorate in teaching and training food handlers, and insisting on necessary improvements to catering premises. It is also pleasing to note a further fall in the number of new cases of tuberculosis diagnosed to the low figure of 28 in the year, and also in the tuberculosis death rate to 0.1 per thousand.

In relation to environmental hygiene, it is very disappointing to note the lack of any tangible progress towards the projected new slaughterhouse: if ever there was a top priority, this is it. Even at the time of writing this report, it is evident that the appointed day for its opening in April, 1963, will have to be delayed probably by as much as a year.

Food sampling results make interesting reading: more and more the faults found are in connection with misleading labelling of packaged and tinned foods through glamourized advertisement rather than in actual adulteration of the foods themselves, a modern trend in the present high pressure salesmanship era, which requires a salutary correction before it gets out of hand.

The housing situation continued to be far from satisfactory: rehousing of people from declared clearance areas and individual unfit houses became if anything even more difficult, with the result that families living in truly deplorable conditions were obliged to continue so doing. Rehousing of other

cases selected for priority on medical and social grounds also came very nearly to a halt, with the lack of new building for the general list.

The Council should review its complete housing policy in a determined manner at the earliest possible moment. I am glad, in revising the final proof of this report, to say that they have taken this problem firmly in hand.

With these comments, Mr. Mayor, I submit to you my Annual Report for 1961. My sincere thanks are due to you, Sir, and to your Aldermen and Councillors for their sustained help and sympathetic interest during the year. I should also wish to thank my brother Chief Officers and their staffs for their co-operation and help, my professional colleagues in hospital and general practice and the officers of the Hospital Management Committee and Executive Council; finally my own departmental staff for another year of loyal and efficient work under extreme pressure.

I have the honour to remain,

Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

T. H. PARKMAN,

Medical Officer of Health.

Chief Welfare Officer.

Principal School Medical Officer.

CHAIRMEN OF COMMITTEES RESPONSIBLE FOR HEALTH SERVICES, 1961.

Public Hygiene Committee—COUNCILLOR G. H. TANNER, B.E.M.
Education Committee—COUNCILLOR R. H. BRYANT.
Housing Committee—COUNCILLOR H. F. PAINE.
Health Services Committee—COUNCILLOR MRS. V. ALEXANDER.
Children Committee—COUNCILLOR MRS. D. I. GILBERT.

STAFF OF HEALTH AND SCHOOL HEALTH DEPARTMENT, 1961.
(Including Welfare and School Health Service)

OFFICE HELD		NAME OF OFFICER	
Medical Officer of Health; Principal School Medical Officer; Chief Welfare Officer	T. H. PARKMAN, M.B., B.S., D.P.H.
Deputy Medical Officer of Health; School Medical Officer	G. M. GORRIE, M.B., CH.B., D.P.H.
Assistant Medical Officer; School Medical Officer	I. M. FITZGERALD, M.B., B.CH.
Medical Officers (Part-time) Infant Welfare Centres	M. F. BEATTIE, M.B., B.A.O., B.CH., D.P.H. C. M. CARR, M.B., B.CH. M. J. CUTLER, M.B., B.S., LOND., M.R.C.S., ENG., L.R.C.P. LOND., D.C.H. E. FRANKS, L.R.C.P. & S. EDIN., L.R.F.P.S. GLAS. T. S. GOODWIN, M.D.
Medical Officer (Part-time) Contraceptive Clinic	C. N. WOOD, M.A., M.B., B.CH., M.R.C.S. ENG., L.R.C.P., LOND.
Principal School Dental Officer	Miss E. M. YOUNG, L.D.S., R.C.S.
School Dental Officers (Part-time)	Mrs. P. LeCOUTEUR, B.D.S., L.D.S. L. B. OSBORNE, L.D.S., R.C.S., F.D.S., C.B.
Chief Public Health Inspector	W. G. McDONALD (a) (b) (i) (l) (m)
Deputy Chief Public Health Inspector	E. JACKSON (a) (b)
Public Health Inspectors	D. FUNNELL (k) K. J. HADLER(a) (b) (n) B. J. NAYLOR (a) (b) E. H. SHINGLER (a) (b) G. F. SMART (a) (b)
Pupil Public Health Inspector	A. TANNER
Superintendent Health Visitor/School Nurse	Miss N. B. BATLEY (c) (f) (h) (i)
Deputy Superintendent Health Visitor/ School Nurse	Mrs. M. MASTERS (c) (d) (f)
Health Visitor/School Nurses	Miss. A. B. APPLETON (c) (d) (e) (f) Miss E. M. BROWN (c) (d) (f) Miss M. H. FLINT (c) (d) (f) Miss E. M. GILES (c) (d) (f) Miss G. W. HODGSON (c) (d) (e) (f) Miss V. M. McDougall (c) (d) (f) Miss M. I. MUNFORD (c) (d) (f) Mrs. B. PRICE (c) (d) (e) (f) 1 vacancy

STAFF OF HEALTH AND SCHOOL HEALTH DEPARTMENT, 1961

(Continued)

OFFICE HELD			NAME OF OFFICER
School Clinic Nurse	..	..	Miss J. AXTELL (c) (d)
Superintendent Home Nursing and Midwifery Service	..	..	Miss D. NORMAN (c) (d) (f) (j)
Deputy Superintendent, Home Nursing and Midwifery Service	..	..	Miss F. PITCHER (c) (d) (j)
Mental Welfare Officer/Welfare Officers	..	..	H. R. H. ASHLEY Mrs. M. HUNTER J. N. TIBBALLS
Occupational Therapist/Home Teacher	..	..	Mrs. G. M. LEWENDON
Home Teachers for the Blind	..	..	Mrs. M. COLLINS Miss S. C. HAMMOND E. C. HARRIS
Speech Therapist	..	..	Miss A. WARD, L.C.S.T.
Home Help Organiser	..	..	Mrs. R. W. WALLACE
Warden, Old Persons' Homes	..	..	R. G. THOMPSON
Almoner, Moreton and New Moreton	..	..	Miss K. GREENWOOD
Matron, Moreton	..	..	Mrs. D. BURTON
Matron, New Moreton	..	..	Mrs. L. A. DAVIES (c) (d)
Matron, Pine Hill	..	..	Mrs. M. TOLLADY
Clerk/Storekeepers	..	..	Mrs. C. B. GREEN Mrs. A. S. RULE
Chiropodist (Part-time)	..	..	C. R. M. GALLINI
Psychiatrist	..	..	M. DAVYS, B.M., S.CH., D.P.M.
Educational Psychologist	..	..	Miss M. S. LOGG, B.A., DIP. PSYCH.
Social Worker	..	..	Miss S. D. LEA
Clinic Secretary	..	..	Miss C. M. LISTER
Chief Clerk	..	..	R. FREEMAN
Deputy Chief Clerk	..	..	I. L. SHAW
Senior Clerks	..	..	B. S. E. ASHTON Mrs. G. M. WAGHORN
Clerks	..	..	Mrs. P. CAPON Miss J. KENT Miss F. A. URRY
Shorthand/Typists	..	..	Miss M. LEACH Mrs. J. SMITH
School Clinic Clerks	..	..	Mrs. M. CORKE Miss M. HALL
Dental Surgery Assistants	..	..	Miss S. CRUTTENDEN Mrs. R. DE MAIO

(a) Certificate of the Royal Sanitary Institute and Sanitary Inspectors Examination Joint Board.

(b) Certificate, Royal Sanitary Institute. Inspector of Meat and other Foods.

(c) Fully trained General Nurse.

(d) Certificate of Central Midwives Board (C.M.B.).

(e) Certificate, Fever Training.

(f) Health Visitor's Certificate.

(g) Tuberculosis Certificate.

(h) Health Visitor Tutor's Certificate.

(i) Member of the Royal Society of Health (M.R.S.H.).

(j) Queen's Nurse

(k) Certificate of the Public Health Inspectors Examination Board.

(l) Diploma in Sanitary Science.

(m) Associate Membership Examination of Institution of Public Health Engineers.

(n) Smoke Inspector's Certificate.

SECTION I

GENERAL AND VITAL STATISTICS

(a) Summary:

Area of Borough	..	..	..	7,770	acres
Population—Census 1961	..	..	..	66,346	
„ Registrar-General's estimate of resident population for the purpose of Vital Statistics mid-1961	..	..	..	66,180	
Number of inhabited houses, as at 1.4.61	..	..	..	23,079	
Rateable Value	..	..	..	£1,115,079	
Product of 1d. rate	..	..	..	£4,493	
Live Births, 1961, Legitimate	..	..	731		
„ Illegitimate	..	..	60		Total 791
Live Birth rate per 1,000 population					
(a) crude	..	..	..	11.9	
*(b) corrected	..	..	..	13.9	
*factor or correction	..	..	..	1.17	
Still Births	..	..	..	10	
Still Births rate per 1,000 total live and still births	..	..	..	12.4	
Total Live and Still Births	..	..	..	801	
Infant Deaths (deaths under one year)	..	..	..	12	
Infant Mortality Rates:					
Total Infant Deaths per 1,000 total live births				15.1	
Legitimate „ „ „ legitimate live births				15.0	
Illegitimate „ „ „ illegitimate „ „				16.6	
Neo-Natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	..	..	..	13.9	
Early Neo-Natal Mortality Rate (deaths under 1 week per 1,000 total live births)	..	..	..	7.6	
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)				19.9	
Maternal Mortality (including abortion):					
Number of deaths	..	..	..	1	
Rate per 1000 total live and still births	..	..	..	1.26	
Illegitimate live births per cent of total live births	..	..	..	7.6	
Deaths 1961	..	..	..	1,285	
Death rate per 1,000 population:					
(a) crude	..	..	..	19.5	
*(b) corrected	..	..	..	12.28	
* factor of correction	..	..	..	0.63	
Death rate (tuberculosis) per 1,000 population	..	..	..	0.10	
Death rate (cancer) per 1,000 population	..	..	..	3.1	
Total hours sunshine 1961..	..	..	..	1,818.6	
Total inches rainfall 1961 ..	..	..	..	28.52	

(b) Vital Statistics:

Population: Census 1961	..	..	..	66,346	
Estimated midyear population 1961	..	..	..	66,180	
Estimated midyear population 1960	..	..	..	65,130	
The Registrar-General's estimate of the mid-year population at 66,180 shows an increase of 1,050 on the previous year.					

The current trend is illustrated by the following figures, all mid-year estimates used by the Registrar-General for statistical purposes:—

1948	..	65,360	1955	..	64,770
1949	..	65,000	1956	..	64,550
1950	..	65,690	1957	..	64,600
1951	..	65,090	1958	..	64,220
1952	..	64,800	1959	..	63,900
1953	..	64,510	1960	..	65,130
1954	..	64,800	1961	..	66,180

As far as is known, the resident population continues to show a high proportion of elderly people, with an undue predominance of females over males when compared with the average national population make-up.

Birth Rate: Total number of live births registered in Hastings (excluding county cases) for 1961 was 791, comprising 425 males and 366 females, giving a birth rate of 11.9 per 1,000 estimated midyear population. Of the total live births, 60, 24 males and 36 females, were illegitimate, a percentage of 7.6. Comparative figures for the past 25 years are given in Table I.

Death Rate: Total number of deaths registered in 1961 occurring among the resident population of the borough was 1,285, 552 being males, 733 females. Not included were 483 deaths transferred to other districts (i.e. persons not normally resident in the town): included were 62 deaths of Hastings residents occurring elsewhere. There were 43 Coroner's inquests. 165 deaths were certified by the Coroner without inquests.

The crude death rate per 1,000 population was therefore 19.5, which corrected for the peculiar age and sex constitution of the population by the Registrar-General's factor of 0.63 gives a corrected death rate of 12.28 per 1,000, which figure can be compared with the national rates.

See also Tables II and III.

Age at Death: Of the 1,285 deaths of residents in 1961, 12 occurred in infants under 1 year of age and 3 from 1—5 years. 1,079 (83.9% of the total deaths) were of residents over 65 years, 763 (59.3% of all deaths) being over 75 years of age.

Further details are given in Table IV.

Main Causes of Death:

(a) Disease of heart and circulatory system	717	55.7% of total
(b) Cancer	209	16.2% ..
(c) Respiratory diseases (other than tuberculosis and cancer) ..	150	11.6% ..
(d) death by violence	29	2.2% ..

Deaths from heart and circulatory system diseases and from cancer are responsible for 71.9% of all deaths.

For complete analysis see Table IV.

Infant Mortality: The Infant Mortality rate in 1961 with 12 infant deaths in 791 live births was 15.1 per 1,000 births compared with a national rate for England and Wales of 21.6. Too much attention should not be paid to the fluctuations noted in this rate over the past few years, as small variations in the number of such deaths cause wide variations in the rate where the numbers concerned are so small. The general trend, however, continues to be one of steady improvement.

Comparative Infant Mortality rates for the past 25 years are given in Table II, and an analysis of the causes of death under 1 year in Table V.

The number of stillbirths recorded in 1961 was 10, a decrease of 7 on the previous year's total.

The Infant (legitimate) Mortality rate with 11 deaths in 731 legitimate births was 15.0 per 1,000: the rate for illegitimate children under 1 year was 16.6 per 1,000, there being 1 death of such children in 60 illegitimate births.

Maternal Mortality: The Maternal Mortality rate, i.e. the number of deaths due to pregnancy or childbearing, per 1,000 total births was 1.26, 1 death having occurred.

Further details and comparative figures for the previous 25 years are given in Table VI, and the Hastings rate compares with a national rate of 0.33.

Puerperal Pyrexia Regulations, 1939-51: The total number of cases of puerperal pyrexia notified in 1961 was 3, with no deaths. The majority of the cases notified are due to intercurrent infection, cold, etc., and extremely few to potentially dangerous conditions.

Comparative Table I.

BIRTHS AND STILLBIRTHS.

Year.	Popn.	LIVE BIRTHS							STILL- BIRTHS Total.
		Total Live Births.				Legiti- mate.	Illegitimate.		
		M	F	Total.	Birth rate per 1,000 population.	Total.	Total.	% of all Births.	
1937	63,450	381	333	714	11.2	662	52	7.3	16
1938	64,318	355	365	720	11.1	670	50	7.0	28
1939	66,480	360	377	737	11.4	690	47	6.4	29
1940	58 040	330	333	663	11.4	621	42	6.3	23
1941	36,670	247	243	490	13.3	447	43	8.8	16
1942	38,940	333	311	644	16.5	577	67	10.4	20
1943	37,100	288	297	585	15.7	508	77	13.2	12
1944	38,350	343	298	641	16.7	550	91	14.2	21
1945	48,820	397	334	731	15.4	630	101	13.8	23
1946	59,160	607	548	1,155	19.5	1,057	98	8.5	31
1947	62,740	615	588	1,203	19.1	1,117	86	7.1	36
1948	65,360	502	497	999	15.2	927	72	7.2	23
1949	65,000	496	406	902	13.9	833	69	7.6	22
1950	65,690	452	438	890	13.5	816	74	8.3	17
1951	65,090	398	409	807	12.4	749	58	7.3	7
1952	64,800	378	405	783	12.1	736	47	6.0	19
1953	64,510	381	360	741	11.4	702	39	5.2	16
1954	64,800	381	365	746	11.5	702	44	5.8	11
1955	64,770	365	357	722	11.1	685	37	5.1	21
1956	64,550	365	333	698	10.8	661	37	5.3	14
1957	64,600	324	379	703	10.9	658	45	6.4	11
1958	64,220	378	365	743	11.5	697	46	6.2	14
1959	63,900	390	377	767	12.0	722	45	5.8	22
1960	65,130	407	381	788	12.1	724	64	8.1	17
1961	66,180	425	366	791	11.9	731	50	7.6	10

Comparative Table II.

DEATHS AT ALL AGES AND INFANT MORTALITY

Year.	Est. Mid-Year population.	Total Deaths registered in Hastings.	Transferable Deaths *		NET HASTINGS DEATHS				
					All Ages.			Under 1 yr.	
			In	Out	Total.	Crude Rate.	Corrected Rate †	Total.	Rate per 1,000 Births.
1937	63,450	1,154	62	157	1,059	16·6	11·12	34	47·6
1938	64,318	1,104	47	159	992	15·4	10·31	32	44·4
1939	66,480	1,229	88	189	1,128	16·9	11·3	22	27·0
1940	58,040	1,228	110	156	1,182	20·3	14·21	25	39·8
1941	36,670	776	65	95	746	20·3	14·21	14	34·2
1942	38,940	900	67	133	834	21·4	16·26	27	41·9
1943	37,100	953	60	128	885	23·8	15·9	21	34·2
1944	38,350	887	65	130	822	21·4	14·34	20	32·7
1945	48,820	1,012	44	168	888	18·1	12·12	34	46·5
1946	59,160	1,054	64	142	976	16·4	10·98	35	30·3
1947	62,740	1,170	50	215	1,005	16·0	10·72	32	26·6
1948	65,360	1,129	63	218	974	14·9	9·98	35	35·0
1949	65,000	1,264	75	237	1,102	16·9	11·49	25	27·7
1950	65,690	1,303	92	259	1,136	17·3	11·76	14	15·7
1951	65,090	1,362	71	269	1,164	17·9	11·99	17	21·1
1952	64,800	1,222	94	316	1,000	15·4	10·31	25	31·9
1953	64,510	1,402	35	363	1,074	16·6	11·12	16	21·6
1954	64,800	1,376	37	345	1,068	16·5	10·06	18	24·1
1955	64,770	1,472	36	390	1,118	17·2	10·4	16	22·1
1956	64,550	1,597	36	415	1,218	18·8	12·0	15	21·5
1957	64,600	1,447	39	393	1,093	16·9	10·8	12	17·0
1958	64,220	1,582	52	398	1,236	19·2	12·09	13	17·5
1959	63,900	1,594	55	389	1,260	19·7	12·41	15	19·5
1960	65,130	1,592	54	406	1,240	19·0	11·97	21	26·6
1961	66,180	1,706	62	483	1,285	19·5	12·28	12	15·1

†Factor for correction
("Comparability factor")

1961 — 0·63

* "Transferable Deaths" are deaths of persons who, having a fixed or usual residence in England or Wales die in a district other than that in which they resided.

Comparative Table III.

BIRTH, DEATH, INFANT MORTALITY AND OTHER RATES FOR THE YEAR 1961.
Provisional figures for England and Wales compared with those of Hastings.

	Birth Rate. Live births per 1,000 population.	Still-birth Rate. Per 1,000 Total births.	Infant Mortality Rate per 1,000 live births.	Neonatal Mortality Rate per 1,000 live births.	Maternal Mortality Rate per 1,000 Total births.	Death Rate (all causes) per 1,000 population.	Death Rate (Tuberculosis) per 1,000 population.	Death Rate (Cancer) per 1,000 population.
England and Wales	17·4	19·1	21·6	15·5	0·33	12·0	0·072	2·164
Hastings	13·9 +	12·4	15·1	13·9	1·26	12·28 ★	0·10	3·1

+ Factor of correction
1·17

★ Factor of correction
0·63

Table IV. CAUSES OF, AND AGES AT, DEATH DURING YEAR, 1961.

Net Deaths at the subjoined ages of Residents, whether occurring within or without the District																																			
CAUSES OF DEATH.	MALES.										FEMALES.										TOTAL DEATHS.														
	0 to 11 year.					15-25 yrs.					25-45 yrs.					45-65 yrs.					65-75 yrs.					75+ yrs.					To- tal.				
	0 to 1 year.	1 to 5 yrs.	5-15 yrs.	15-25 yrs.	25-45 yrs.	0 to 1 year.	1 to 5 yrs.	5-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	65-75 yrs.	75+ yrs.	To- tal.	0 to 1 year.	1 to 5 yrs.	5-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	65-75 yrs.	75+ yrs.	To- tal.	0 to 1 year.	1 to 5 yrs.	5-15 yrs.	15-25 yrs.	25-45 yrs.	45-65 yrs.	65-75 yrs.	75+ yrs.	All ages.			
All Causes { Certified Uncertified	9	2	3	4	12	93	164	264	551	3	1	1	5	11	61	152	498	732	12	3	4	9	23	154	316	762	1283	2							
Tuberculosis, respiratory	2	1	1	4	...	...	...	1	...	...	...	1	1	3	...	...	...	2	2	...	2	7								
Tuberculosis, other	
Syphilitic disease	
Diphtheria	
Whooping Cough	
Meningococcal infections	
Acute poliomyelitis	
Measles	
Other infective and parasitic diseases	
Malignant neoplasm, stomach	1	9	11	28	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
" lung, bronchus	15	11	5	31	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
" breast	
" uterus	
Other malignant and lymphatic neoplasms	
Leukæmia, aleukæmia	7	16	25	50	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diabetes	4	...	1	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Vascular lesions of nervous system	1	1	3	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Coronary disease, angina	3	24	43	73	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hypertension with heart disease	25	37	46	111	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other heart disease	1	4	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other circulatory disease	6	10	38	55	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Influenza	2	3	9	15	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia	1	5	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bronchitis	5	8	28	42	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other diseases of respiratory system	5	18	9	32	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ulcer of stomach and duodenum	...	1	...	...	...	1	2	2	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gastritis, enteritis and diarrhoea	1	2	3	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nephritis and nephrosis	2	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hyperplasia of prostate	1	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pregnancy, childbirth, abortion	
Congenital malformations	4	...	...	...	...	1	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other defined and ill-defined diseases	5	...	...	...	...	3	11	18	39	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Motor vehicle accidents	...	1	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
All other accidents	1	...	...	...	...	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suicide	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Homicide and operations of war	
Totals	9	2	3	4	12	94	164	264	552	3	1	1	5	11	61	152	499	733	12	3	4	9	23	155	316	763	1285								

INFANT MORTALITY.

Table V.

1961. Net Deaths from Stated Causes at various ages under 1 year of age.

CAUSES OF DEATHS.	0-1 Day.	1-2 Days.	2-3 Days.	3-4 Days.	4-5 Days.	5-6 Days.	6-7 Days.	7-14 Days.	14-21 Days.	21-28 Days.	Total under 4 weeks.	28 Days - 2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total under 1 Year.
	All Causes { Certified ... Uncertified ...	1	...	...	...	...	...	5	...	...	11	...	...	...	...	...	...	...	1	...	...	...	...
Small Pox
Chicken Pox
Measles
Scarlet Fever
Diphtheria and Croup
Whooping Cough
Diarrhoea
Enteritis
Tuberculous Meningitis
Abdominal Tuberculosis
Other Tuberculous diseases
Congenital Malformation	1	...	...	...	...	...	...	4	...	...	5	...	...	...	...	...	...	...	1	...	...	...	6
Premature Birth ...	3	1	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	4
Atrophy, Debility and Marasmus
Atelectasis
Injury at birth	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Erysipelas...
Syphilis
Rickets
Meningitis
Convulsions
Gastritis
Laryngitis
Bronchitis...
Pneumonia (all forms)
Suffocation (overlying)	1	...	...	...	...	...	...	...	...	...	...	...	1
Other causes	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals ...	5	1	...	...	...	...	...	5	...	...	11	...	...	...	...	...	...	1	...	...	...	...	12

Net Births in the Year.	legitimate 731	illegitimate 60	Net Deaths in the Year.	legitimate 11	illegitimate 1	Neonatal Deaths (under 1 month) 11	Infant Deaths (" 1 year) 12	Rate per 1000 live births 13.9	" " " 15.1
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Table VI.

MATERNAL MORTALITY.

Year.	No. of live and still births.	Puerperal Sepsis.		Other causes connected with Pregnancy and Childbirth.		Total.	Rate per 1,000 total births
		No.	Rate per 1000 total births.	No.	Rate per 1000 total births.	No.	
1937	730	2	2·7	...	...	2	2·7
1938	748	1	1·3	2	2·6	3	4·0
1939	766	3	3·5	2	2·3	5	5·9
1940	686	1	1·5	2	3·0	3	4·6
1941	506	...	...	2	4·7	2	4·7
1942	664	...	...	...	...	...	...
1943	597	...	...	1	1·6	1	1·6
1944	662	...	...	...	...	...	...
1945	754	...	...	1	1·33	1	1·33
1946	1,186	...	...	2	1·68	2	1·68
1947	1,239	...	...	...	...	...	...
1948	1,022	...	...	...	...	...	...
1949	924	...	...	1	1·08	1	1·08
1950	907	...	...	1	1·10	1	1·10
1951	814	1	1·24	...	...	1	1·24
1952	802	...	...	1	1·24	1	1·24
1953	757	...	...	...	...	...	...
1954	757	...	...	1	1·32	1	1·32
1955	743	...	...	1	1·34	1	1·34
1956	712	...	...	...	...	...	...
1957	714	...	...	...	...	...	...
1958	757	...	...	...	...	...	...
1959	789	...	...	...	...	...	...
1960	784	...	...	...	...	...	...
1961	791	...	...	1	1·26	1	1·26

SECTION II

**SERVICES PROVIDED BY THE LOCAL HEALTH AUTHORITY UNDER
PART III OF THE NATIONAL HEALTH SERVICE ACT, 1946**

GENERAL

Administration:

The Health Services Committee of the Council is responsible for the provision of Health and Welfare Services under the National Health Service and National Assistance Acts.

The Welfare Services, together with the Health Services, are administered by the Medical Officer of Health and the Health Department, thus ensuring complete co-ordination of policy and effort.

The results continue to show that this unified and simple administrative pattern is ideally suited to the needs of the county borough and is in addition financially the most economic way.

SECTION 22

Care of Mothers and Young Children:

(a) Infant Welfare Centres.

Welfare clinics are held weekly at 6 centres scattered throughout the borough as follows:

Arthur Blackman Clinic, Battle Road, St. Leonards-on-Sea	Mondays and Thursdays, 2 p.m.
London Road Congregational Church Hall, St. Leonards-on-Sea	Mondays, 2 p.m.
St. Ethelburga's Church Hall, St. Saviour's Road, St. Leonards-on-Sea	Thursdays, 2 p.m.
Ore Clinic, Old London Road, Hastings	Tuesdays and Thursdays, 2 p.m.
Holy Trinity Parish Hall, Braybrooke Terrace, Hastings	Tuesdays, 2 p.m.
Wesley Church Rooms, Bourne Road, Hastings	Fridays, 2 p.m.

The Council's two main purpose-built clinics, Ore and Arthur Blackman, provide excellent facilities for both staff and mothers alike, and although rather crowded at peak periods of infant welfare sessions, are most popular. The remainder of the centres are held in Church rooms rented by the session, and although accommodation standards are comparatively poor and colourless in most cases, it is surprising to note how large the attendances are in every case: coverage of the town by the present situation of the centres would seem adequate and justified by the use made of them by mothers and children. Individual clinic figures are given in the appended table, from which it is also gratifying to note the high proportion of infants who are brought to the centres, considering an annual birth number averaging under 800.

St. Ethelburga's Centre was moved from the Mission Hall in Bexhill Road to the Church Hall in St. Saviours Road primarily nearer to the main population centre, but incidentally into more capacious premises, and opened

there on 12th January, 1961. The second session weekly at London Road Congregational Church was discontinued in May 1961 in view of the small attendances.

The work of the centres is primarily preventive and educational: each session is attended by two health visitors to advise and help the mothers, and at most a doctor is also in attendance, usually a general practitioner with a special interest in infant welfare. Voluntary helpers of the Service of Help for Motherhood and Infancy give absolutely invaluable assistance with records, tea making, sale of welfare foods, and baby clothes, childminding and the many chores which go towards the successful running of a welfare clinic.

A full range of welfare foods and vitamin supplements is available on sale at each centre, a service much used and appreciated.

Health Education on a variety of suitable topics is planned and carried out by the Health Visitors.

Attendances at Centres in 1961 were:—

CLINIC	First Attendance Children under 1 year	First attendance in year children born in			Subsequent attendances			Total Attendances	Average per Session	No. Medical Consultations.
		1961	1960	1959-56	Under 1	1—2	2—5			
Ore : (Tuesdays) (Thursdays)	108 90	105 86	88 79	120 101	1785 1454	511 451	651 428	3260 2599	64 50	907 725
London Road : (Mondays) (Fridays) discontinued 26.5.61	96 13	89 13	64 38	61 15	1193 229	216 47	159 51	1782 393	37 20	489 —
St. Saviour's Road : (Thursdays) Opened 12.1.61	42	37	22	18	449	147	274	947	19	144
Arthur Blackman : (Mondays) (Thursdays)	63 98	49 85	55 77	85 81	800 1062	259 322	174 337	1422 1964	30 38	353 465
Holy Trinity : (Tuesdays)	123	101	90	102	1497	204	161	2155	42	611
Bourne Road : (Fridays)	78	71	53	55	1079	392	223	1873	37	543
	711	636	566	638	9548	2549	2458	16395	—	4237

(b) Ante-Natal and Post-Natal Clinics.

The ante and post-natal clinics provided both by the Local Health Authority and by the District Nursing Association were closed in April 1961. With over 80% of local confinements taking place in hospital, numbers attending the sessions were very small, and with the domiciliary midwives preparing to do their own antenatal examinations with the general practitioner and in the patients' own homes, it was felt desirable by the Maternity Liaison Committee that the local authority's resources could more usefully be employed in health education and parentcraft teaching.

Joint arrangements were accordingly drawn up and successful classes are being held at the Buchanan Hospital in conjunction with relaxation exercises, with smaller classes at the Ore and Blackman Clinics.

(c) Contraceptive Clinic.

New cases	..	20
Old cases	..	34

— 54 These figures include East Sussex
— County Council cases.

It should be noted that the strictest enquiry is made and a medical certificate proving necessity on the grounds of prevention of ill-health required before attendance is permitted at this clinic.

Although medical reasons include both physical and mental health being taken into account, such a limited clinic does not meet the demand for contraceptive advice, and family planning for the many young married couples who for a variety of reasons do not wish to start a family immediately on marriage.

Negotiations were therefore undertaken with the Family Planning Association that they should open a Family Planning Association Clinic during 1962, with successful results.

(d) Dental Care of Nursing and Expectant Mothers, and Children under 5.

The Principal Dental Officer reports as follows:—

The increasing number of sessions devoted to Maternity and Child Welfare cases is a reflection on the growing awareness of the advantages of a healthy dentition.

Clinically most of the time is concentrated on the pre-school children. The number brought for examination before treatment is required, is increasing, but there are still far too many that are not seen until pain supervenes.

In both sections, dental health education is an important part of the scheme. In this aspect the instruction given by the health visitors at the clinics and on home visits is invaluable. Attractive leaflets giving appropriate advice are available at the antenatal and baby clinics.

Many questions regarding caries remain unanswered, but there are certain known preventive measures which every adult can practice and children should be trained to practice.

A balanced diet is most important, i.e. one which contains adequate protein and so reduces the desire for sweet, sticky snacks between meals. Having eaten, the cleaning of the teeth and surrounding tissues should be

automatic, either by eating something hard, e.g. an apple or rinsing vigorously with water if tooth brushing is not practicable.

Good oral hygiene does not make regular visits to the dental surgeon unnecessary, but it does mean very much less work has to be done and the patient has the advantage of a more efficient dentition.

The tables below give an analysis of the treatment carried out at the clinics.

(i) Numbers provided with Dental Care:

	Examined	Needing treatment	Treated	Made Dentally fit
Expectant & Nursing Mothers	37	36	36	21
Children under 5 years	218	163	163	133

(ii) Forms of Dental Treatment provided:

	Scalings and gum treatment	Fillings	Silver Nitrate treatment	Crowns or Inlays	Extractions	General Anæsthetics	Dentures provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	24	44	—	—	55	13	6	4	5
Children under 5 years...	—	264	63	—	211	63	—	—	4

Facilities for X-ray examination are available in the dental clinics.
Arrangements for the construction of dentures have been made at a local laboratory.

(e) Care of Unmarried Mothers and their Babies:

Although illegitimacy has increased sharply on a national basis over the past decade, local figures as shown in Comparative Table I give no real cause for alarm. A considerable proportion of unmarried mothers continue to live at home, receive antenatal care from general practitioner or hospital clinic, and are ultimately confined in hospital.

Where it is not possible for the girl to remain at home, arrangements are made through the local worker of the Chichester Diocesan Moral Welfare Association for any necessary help to be given. The Authority undertakes responsibility for payment of the balance of fees charged for the girl to enter a home for unmarried mothers, usually six weeks before confinement and afterwards for a period of six to eight weeks, until the mother is rehabilitated and the child's future decided. Close liaison is kept between the Association's worker and the Health Department, and if the child is kept by the mother, special supervision is carried out by the health visitors.

(f) **Provision of Free Maternity Outfits:**

The Local Health Authority supply free of cost maternity packs containing all the necessary pads, dressings and etcereras for confinement: these are issued on request to all mothers for home confinements, not to cases booked for hospitals or private nursing homes. 153 packs were issued in 1961.

(g) **Other Services available for Children under 5:**

(i) In conjunction with the School Health Services, facilities are available at the Child Guidance Clinic, the Speech Therapy Clinic, and the School Clinics.

(ii) The Regional Hospital Board provide facilities for orthopaedic treatment both Outpatient and short stay Inpatient in local hospitals: special prolonged institutional treatment and education in conjunction with the Local Education Authority at various hospital special schools.

(h) **Prematurity:**

Special equipment for use with premature infants has been provided for the Home Nurses and Midwives including a draught-proof cot, electric blanket and equipment as specified in Ministry of Health Circular 20/44. Ambulance vehicles also comply with the suggestion of the same circular in regard to transport of premature infants.

PREMATURITY 1961

Premature babies born at home 12 % survival 91.7.

Weight at birth.	No.	Transferred to hospital.	Deaths	Remaining at home.	Deaths.
3 lbs. 4 ozs. or less ...	—	—	—	—	—
3 lbs. 4 ozs.—4 lbs. 6 ozs.	—	—	—	—	—
4 lbs. 6 ozs.—4 lbs. 15 ozs.	2	—	—	1	1
4 lbs. 15 ozs.—5 lbs. 8 ozs.	10	—	—	10	—

Premature babies born in Institutions (Hospitals and Nursing Homes)

29. % survival 89.7.

Weight at birth.	No.	Deaths.
3 lbs. 4 ozs. or less	3	1
3 lbs. 4 ozs.—4 lbs. 6 ozs. ...	6	2
4 lbs. 6 ozs.—4 lbs. 15 ozs....	5	—
4 lbs. 15 ozs.—5 lbs. 8 ozs. ...	15	—

(i) **Distribution of Welfare Foods.**

The Local Health Authority welfare food office at 44 Wellington Square, is the main depot for the sale of welfare foods: these foods are also obtainable from all the Infant Welfare Centres.

The total distribution of welfare foods during 1961 was:—

National Dried Milk	..	..	9613	(13893) tins
Orange juice	..	..	17542	(27577) bottles
Codliver Oil	..	..	2210	(2868) bottles
Vitamin A and D Tablets	..	..	2045	(2681) packets

SECTION 23

(a) **Domiciliary Midwifery:**

In the preface to 1960 annual report, mention was made of the unfortunate difficulties within the Hastings and St. Leonards District Nursing and Maternity Association, as a result of which the Association would cease to carry out home nursing and midwifery duties as agents of the Council, and that, by arrangement, the service would become a directly run scheme. In June 1961, the nursing staff were placed on the department's strength and were seconded back to the Association, continuing to function from Halloway Place until accommodation was available to transfer their headquarters and administrative staff to the Health Department. This changeover occurred at the beginning of January 1962, since when the Association has been wound up. The new arrangements appear to be working smoothly and a closer integration with the Authority's other domiciliary services can now be effected.

MIDWIVES ACT 1936—DOMICILIARY MIDWIFERY

Service	District Nursing Association
*1. Ante Natal visits	1,495
2. Confinements conducted—	
(a) as midwives	117
(b) as midwifery nurses	23
(c) Total confinements	140
*3. Post natal visits	2,645
4. Gas and Air Analgesia	11
5. Trilene	106
6. Pethidine Admin.	60

*including visits by pupil midwives under training as Part II Central Midwives Board.

All midwives employed have received full training in the use of gas and air analgesia as well as trilene. Increasing use is being made of the latter and less of gas. Any mother who wishes receives analgesia at the birth.

The amount of domiciliary midwifery is such that no undue strain falls upon the midwives, and it has not been necessary as yet, to institute a rota system for night calls. Each midwife has two nights per week clear of duty

calls, these nights being the ones before and after her weekly day off: in addition a midwife who has been out at a confinement during the night is given opportunity to take some rest during the following day.

(b) Inspection of Midwives:

The Superintendent of the Home Nursing and Midwifery Service acts as non-medical Supervisor of Midwives. Inspection is carried out quarterly as a routine, and more frequently if desired, and a comprehensive report is made to the Medical Officer of Health. The standard of work achieved, the record keeping and general standard of cleanliness were very satisfactory, and no adverse report was received during the year. The midwives attend approved refresher courses organised by the College of Midwives at 5-year intervals in each case.

The number of midwives notifying their intention to practice in the area during 1961 was 47, including 40 in hospital practice (Buchanan Hospital and Fernbank) and 7 in domiciliary practice: all the latter were employed in the Health Authority's Domiciliary Service.

The total domiciliary midwives on register as at 31.12.61 7

Midwives notifications:

(a) Medical aid	41
(b) Other	8

(c) Place of Confinement:

Analysis of 780 notified confinements of Hastings residents during 1961 shows that 18% of births occur at home and 82% in institutions.

Place of Confinement	No. of Cases	Comparable Percentages			
		1961	1960	1959	1958
1. Home	139	18	20	20	21
2. Private Maternity Nursing Home ...	—	—	—	—	—
3. Institutional :					
(a) Fernbank Maternity Hosp....	223	29	31	33	34
(b) Buchanan Hospital	418	53	49	47	44
Total	780				

SECTION 24

Health Visiting:

The establishment of Health Visitors as at 31.12.61 was as follows:—

- 1 Superintendent Health Visitor
- 10 Health Visitors/School Nurses
- 1 Clinic Nurse (not qualified Health Visitor).

The health visitors all hold joint appointments as school nurse as part of the integration of the school health service with the health service: each is in charge of a district and carries out a full range of duties, including important functions under the Mental Health Act and National Assistance Act in the care of old people. Many also attend hospital departments (paediatric, orthopaedic, diabetic, antenatal etc.) to form an effective liaison between hospital and community services. One is responsible for home care, contact tracing etc. in tuberculosis and attends certain sessions at the Chest Clinic with the Consultant Chest Physician, under whose direction this part of the work is carried out.

During the year the Health Committee gave approval for an experiment to be tried out by the attachment of a health visitor to a firm of general practitioners. The Local Medical Committee also discussed this proposition and approved in principle. It is hoped that staff commitments will allow this trial to be started in the autumn of 1962 and if successful to be extended over the whole town to those practitioners who wish for such assistance in their practices. Apart from direct attachment, many general practitioners are tending to make use of health visitors and other officers of the Authority increasingly, but the tempo must necessarily be set by the G.P.s themselves.

Close liaison is kept between the health visitors and other sections of the department, Welfare and Mental Health Officers, Home Help Organiser and Public Health Inspectors.

Routine tests for phenylketonuria continue to be carried out on over 90% of babies born in the town, no positive case was reported in the year.

A series of courses of in-service training for health visitors was arranged in conjunction with East Sussex County Council and Eastbourne County Borough in Mental Health, and all our health visitors attended in the year. A series of talks on the social and emotional development of the individual and relationships with others were given by a team of nurses and psychiatrists, including a visit to a psychiatric hospital, with a view to enabling the health visitor to fulfill her important role in the operation of the new Mental Health Service and was extremely helpful.

Work of Health Visitors:

1.	First visits under 1 year	..	..	..	758	
2.	Subsequent visits under 1 year	..	..	..	4679	
3.	Visits 1—2 years	..	..	..	2767	
4.	„ 2—5 years	..	..	..	5683	
5.	Visits to expectant mothers	..	..	..	478	
6.	Care and After-care—National Health Service Act				2420	
7.	Handicapped Persons, etc.—					
	National Assistance Act	..	..	..	84	
8.	All other visits	..	..	..	136	
					17005	(14775)
	Actual Households	..	..	..	12749	(11082)
9.	Tuberculosis Health Visitor's Household Visits				1156	(1096)

Miss Batley, Superintendent Health Visitor, comments:—

The Child Health Services are so well established in this country now that they are taken for granted. Services to the elderly, however, are still in the developmental stage.

With the purpose of finding out how the elderly people are faring in this Borough, and at the same time trying to gain some indication of ways in which they might be helped further, a sample survey was carried out this year by the Health Visitors in five parts of the town. The "terms of reference" given to the District Health Visitors were very wide. They were asked to choose a street with one type of housing and enquire at each door until they had found ten elderly people. They were to introduce themselves as the Health Visitor for that area and to say that they had called round to see whether the elderly people in the road were getting on all right. Mention of the fact that Health Visitors are nurses and reference to the better known work in connection with Mothers and Babies would serve as a useful introduction.

This informal method had the disadvantage of not producing uniform statistical data, on the other hand it gave the opportunity for an overall assessment of the three components of health—mental, physical and social—without bias.

Of those visited 7% required immediate help for one or more reasons, 13% appeared to have potential difficulties likely to be requiring attention soon, and 20% (approximately) it was suggested required further visits.

It was found that the problems immediately presenting themselves appeared to be principally social ones, although failing mental and physical powers were obviously interwoven. The "density" of old people throughout the Borough appeared very variable, and it is unfortunate that the Geriatric Unit is located so far away from the highly populated area at St. Leonards. The elderly people themselves had a great wish to retain their independence and the offer of alternative accommodation, which might seem desirable, was resisted if this meant parting with possessions and sharing rooms.

Perhaps the first of its kind in the Borough, this brief survey in no way detracts from the very considerable and successful work which is at present being undertaken. It can only claim to have established the fact that needs are still there and that the skill and resources of lay and professional people alike are required to meet them. (See article *Nursing Times*, dated 11th May 1962).

Our work in the Maternity and Child Welfare Services, the School Health Service and the Hospital After-Care Service has continued along the same lines, although statistics cannot reveal the whole story, it appears that there is some increase in the work encompassed, and we were glad to welcome a clinic nurse to our establishment last July.

SECTION 25

Home Nursing:

Reference has already been made under Section 23 (Domiciliary Midwifery) of the demise of the Voluntary Association which has run this service over the last half century or more, more recently as the agents of the Local Authority. The service was partly taken over in June 1960 and completely at the beginning of 1961.

HOME NURSING, 1961

	Medical	Surgical	Total
Cases on Register 1/1/1961	472	53	525
New cases during year	1,044	187	1,231
Cases on Register 1/1/1962	547	47	594
No. of nursing visits	61,388 (59,091)		
Articles loaned during the year	310 (377)		

The number of attendances is shown by the following figures:

	1955	1956	1957	1958	1959	1960	1961
New cases during year...	1,663	1,527	1,385	1,448	1,287	1,268	1,231
Total attendances ...	56,435	56,918	56,115	60,396	60,524	59,091	61,388

The number of new cases dealt with during the year again showed a small drop, but the increased number of total attendances and carry forward from the previous year illustrates clearly how the short term nursing of acute physical illness increasingly gives way to the long term nursing or semi-nursing care of the aged and infirm, needing both more visits over a longer period and more time per visit. Such nursing cases become also welfare problems, requiring full use in addition of supporting services as home help, meals on wheels and health visiting to keep them going at home for as long as humanly possible. The case for less highly qualified "geriatric" nurses or attendants is a strong one and is under active consideration.

The service is backed up by a good range of nursing requisites such as Dunlopillo mattresses, back rests, and rings etc., loaned out free or for a small payment as circumstances dictate, and a portable hydraulic hoist is available for the nurses to use in heavy lifting cases; oddly enough, it is not too popular in use.

Staff as at 31.12.61:—Superintendent
Deputy Superintendent
22 Full-time nurses
2 Part-time nurses.

This staff also covers the domiciliary midwifery service.

SECTION 26

Vaccination and Immunisation:

As in previous years, vaccination against smallpox was carried out with very few exceptions by the general practitioners of the borough. Immunisation against diphtheria and poliomyelitis was, on the other hand, largely carried out at the clinics of the local authority, although practitioners are tending to do more than in the past.

Smallpox Vaccinations, 1961:

Number of Persons Vaccinated (or re-vaccinated)

Age at date of Vaccination	Under 1	1 to 2	2 to 4	5 to 14	15 or over	Total
Number Vaccinated	304	15	21	18	22	380
Number re-Vaccinated	—	—	3	25	92	120

In 500 people vaccinated or re-vaccinated, no case of generalised vaccinia occurred.

The percentage of infants under 1 year vaccinated was 38.4%

Diphtheria Immunisation, 1961:

The following table gives the number of children in the Local Health Authority area on 31st December, 1961, who have completed a course of diphtheria immunisation at any time between 1st January, 1947, and 31st December, 1961.

Age on 31.12.61 i.e., Born in year	Under 1 1961	1-4 1957-1960	5-9 1952-1956	10-14 1947-1951	Under 15 TOTAL
A. Number of children whose last course (primary or booster) was completed in the period 1957-1961	299	2,423	1,756	733	5,211
B. Number of children whose last course (primary or booster) was completed in the period 1956 or earlier ...	—	—	1,220	2,358	3,578

The following table gives the number of children who have completed a full course of Primary Immunisation, or have received a 'Booster' Injection during 1961.

	Children born in years :							Total
	1961	1960	1959	1958	1957	1952 -56	1947 -51	
A. Number of children who completed a full course of Primary Immunisation in the Authority's Area (including temporary residents) during 1961	299	425	55	27	26	75	26	933
B. Number of children who received a secondary (Reinforcing) injection (i.e., subsequently to primary immunisation at an earlier age) during 1961	—	—	—	4	30	321	97	452

Whooping Cough Vaccination:

Protection against whooping cough, which is one of the most troublesome and dangerous of childhood diseases, continued with both single antigen and in combination with diphtheria prophylactic given both by general practitioners and in the authority's clinics. The number of children of all ages protected during 1961 against whooping cough was:

Age.	0—4	5—14	Total
No. completed immunizations ...	786	100	886

Primary Immunization:

In December 1960, the Council agreed to extend their immunization programme to include protection against tetanus ("lock-jaw").

During 1961 therefore triple antigen, which simultaneously protects against diphtheria, whooping cough and tetanus, came into use in the authority's clinics as the standard immunizing agent for the primary protection of all children under five. In the year, 613 children completed their full course of primary immunization, 312 at our clinics and 301 by general practitioners. These figures are included in the tables for diphtheria immunization and whooping cough vaccination given above.

Booster injections to the over fives are given at present with single or double antigens as whooping cough vaccine tends to cause local reactions in

the older schoolchild; in any case, the severe effects of whooping cough itself are maximal in the first four years of life and tail off quite sharply during schooldays.

Poliomyelitis Vaccination:

The poliomyelitis vaccination programme has now settled down into a fairly steady routine; primary vaccination now being offered at 7 and 8 months, followed by a booster dose at 14 to 15 months of age. A fourth (second booster) injection was authorised by the Ministry in April, 1961, for children 5—12 years of age at school; this commenced in May, 1961. Response to the offer is well taken up for infants, but the numbers of adolescents, young adults and older people entitled to this protection continue to be smaller than they should be in spite of evening sessions (12) being held for their benefit (905 attendances). Most of the immunization is now carried out at the morning sessions in the clinics, but certain infant welfare clinic sessions also provide an on-the-spot vaccination. It is noted that general practitioners are playing a relatively larger part in the protection programme now that storage of vaccine is better understood, and smaller ampoules are available to avoid wastage.

Three months after sanction for the fourth dose was given, the supply of vaccine dried almost entirely up, due to its diversion to the Midlands and North where several cities had sizeable outbreaks of polio: it continued erratically and in very short supply until the end of the year, adversely affecting the numbers boosted.

At the commencement of 1962, advise was received from the Ministry that Sabin type vaccine (oral) would shortly be available as an alternative. The ease of giving vaccine by mouth as opposed to the inconvenience of an injection has considerably eased the burden on staff engaged in the polio clinic sessions.

Completed two injections during 1961				One injection as at 31.12.61
	Health Authority Clinics	Private Doctors	Total	
Children born 1944-61	768	299	1067	20
Young Persons born 1934-43 ..	204	174	378	6
Before 1934 and up to 40 years of age	465	201	666	7
Other priority groups	14	21	35	10
Totals	1451	695	2146	43

Booster injections 1961:

			All Groups Third Injec.	5—11 years Fourth Injec.
Health Authority Clinics	..	..	989	3377
Private Doctors	..	..	403	274
Other Groups	..	..	26	3
			<hr/> 1418 <hr/>	<hr/> 3654 <hr/>

B.C.G. Vaccination:

The routine tuberculin testing, using the Heaf Multiple Puncture method, of school children of 13 plus years of age was continued, the negative reactors being offered vaccination with B.C.G. to diminish their chances of infection with tuberculosis. Further details are given in the section on Infectious Disease, page 49.

SECTION 27

Ambulance Service:

The Ambulance Service is carried out by the Hastings Corps of the St. John Ambulance Brigade as agents of the Council. As the demand from the hospitals continues to rise steeply the service operates under severe pressure, to the extent that there is much interference with staff mealtimes and they do not get an adequate break, vehicle maintenance suffers, and some delays in transporting non-urgent cases become inevitable. “Packaging” sitting car cases and the radiotelephone have helped to ease what would otherwise have become an intolerable burden, and discussions have been held with the hospitals to tighten up procedures to avoid wasted journeys as much as possible, but even so, the service cannot keep pace with the demand and is in a constant state of overwork.

The total number of patients carried in the year rose from 26,756 in 1960 to 32,727 in 1961, a rise of 22%. These figures exclude cases carried for the East Sussex County Council which also showed a slight increase.

The Council’s policy is to standardise the ambulance fleet on Bedford chassis, the smaller high-top sitting case vehicles being gradually replaced with Lever Lancastrian bodies, a most useful dual-purpose vehicle.

Cases carried during 1961:

1961	No. of vehicles at 31st December 1961	Total No. of Journeys during the year	Total No. of patients carried during the year	Total mileage during the year
Ambs. (major) . .	5	5,832	9,051	78,001
Ambs. (minor) ...	2	3,523	23,676	71,979
Cars (s/c) ...	3			
Total ...	10	9,355	32,727	149,980

Work done for East Sussex County Council:

1961	Total No. of Journeys during the year	Total No. of Patients carried during the year	Total mileage during the year
Amb. ...	598	690	7759
S/c cars ...	308	373	4866
Total ...	906	1063	12625

Staff at 31.12.61:

- 1 Administrator
- 1 Supervisor
- 2 Clerk/Telephonists
- 10 Driver/Attendants
- 1 Mechanic
- 1 Driver/Mechanic
- 3 Ambulance Attendants

ANALYSIS OF CASES CARRIED MONTHLY.

1961	AMBULANCES		SITTING CASE CARS	
	No. of cases	Mileage	No. of cases	Mileage
January ...	828	6,631	1,731	5,329
February ...	720	5,475	1,270	5,326
March ...	784	6,398	2,127	6,143
April ...	724	6,418	1,928	6,223
May ...	793	6,033	1,916	6,342
June ...	731	7,952	2,023	6,451
July ...	837	6,608	2,072	6,135
August ...	757	7,012	2,193	6,104
September ..	703	6,481	2,047	6,335
October ...	751	6,028	2,189	6,042
November ...	755	7,082	2,266	5,793
December ...	668	6,083	1,909	5,756
	9,051	78,001	23,676	71,979

COMPARATIVE FIGURES ARE AS FOLLOWS:—

Year	Cases by		Mileage by	
	Amb.	Car	Amb.	Car
1951	7,689	6,144	62,998	62,308
1952	8,986	7,863	59,072	60,112
1953	9,782	8,295	56,672	59,573
1954	9,471	8,588	55,954	60,205
1955	9,961	9,136	58,722	59,712
1956	9,353	9,493	57,857	56,528
1957	9,511	9,732	61,157	51,149
1958	10,898	10,209	67,411	54,393
1959	12,675	10,773	72,425	51,595
1960	10,271	16,485	82,187	57,274
1961	9,051	23,676	78,001	71,979

SECTION 28

Prevention of Illness, Care and After-care:

(a) Tuberculosis:

The Hastings Care Committee (Chest Diseases) has now little work to do and calls made on it, other than for advice, are negligible.

(b) Diabetes.

A Health Visitor attends the Hospital Diabetic Clinic, assisting there generally, receives instructions from the Consultant Physician, and where necessary carries out home visits to the patients to assist with insulin treatment, diet and avoidance of complications, in addition to general help and advice expected from a health visitor.

(c) Orthopaedic.

A Health Visitor is in close touch with and attends the orthopaedic clinic, and is advised by the almoner of all cases needing special attention at school, defaulters, follow-up of home exercises, etc. This scheme is expanding to cover all persons suffering from crippling, and orthopaedic defects. The Hastings Voluntary Society for the Care of Cripples is also incorporated in the After-care scheme.

(d) Paediatric.

A Health Visitor attends the hospital outpatient clinic held by the Consultant Paediatrician and is able to provide a useful means of liaison with the general health services of the Council and the School Health Service.

(e) General.

Many people in need of help or advice with their particular problems make contact with various members of the departments staff on their own initiative, many more are referred by general practitioners, hospital almoners and other statutory and voluntary agencies, or by other members of the health service and welfare team, for example the home help or home nurse uncovering a

problem in the course of routine work in the home. In each case, the appropriate officer, if necessary after case consultation with other staff members involved, makes the necessary investigations into the needs of the person concerned, and the ways in which they can best be met. Often these needs can be met from the services provided by the Council as part of its Health and Welfare functions, sometimes reference is made to voluntary bodies as the Central Aid Council, Old Peoples' Welfare Committee, British Red Cross, etc., or to statutory agencies as the National Assistance Board. There is close co-operation between all the bodies concerned at all levels, and in practice it is rarely necessary to convene a full case conference to achieve results.

SECTION 29

Home Help Service:

The Authority supply the services of a Home Help on receipt of a doctor's certificate or on the recommendation of one of the Health Department Officers to assist in maintaining the normal running of the home in cases of (a) confinement, (b) elderly persons, and (c) whenever illness in the home makes assistance necessary. This service is intended primarily to cover periods of family emergency. In the case of elderly people without help, extended periods of domestic help are given, the alternative being the occupation of a hospital or Part III bed: many old people prefer to remain among their own possessions, and given this help, they are able to do so to their own benefit and to the financial advantage of the community.

The Service works under extreme pressure all the year round in spite of the fact that help in every case is the minimum possible: at peak periods, especially in the winter months, help has to be further reduced in order to provide at least a token amount of assistance to new cases, to the extent that some old cases suffer temporary withdrawal of all help. When it is appreciated that in every case accepted help is really necessary, and there is no relative or friend to provide it, the hardship inevitably caused by such reduction or withdrawal can be most severe. New levels of demand occurred in 1961 and the rising trend will surely continue as the population "get older" and its numbers increase: further, as the Organiser points out, the hospital scheme for geriatrics is only now getting into its stride.

The home helps, in their enthusiasm, frequently go in at weekends to help infirm old people with no relatives or friends, and the total pressure of their work is such that it now begins to reflect in the sickness rate of the helps themselves, further it does not exactly assist recruitment and retention of the right type of woman. A considerable increase in the staff of helps is needed and needed most urgently.

HOME HELP, 1961

No. of cases brought forward from 1960 ..	194
No. of applications received during 1961 ...	353
No. of new applications actually dealt with	225
Total No. of cases provided with help during 1961	419
No. of cases carried forward to 1962 ...	243

No. of Home Helps employed as at 31.12.61: 22 Part-time, 8 Emergency, the total equivalent of 26½ full-time helpers.

The majority of part-time helpers are willing to give up to full-time service when required.

The following figures illustrate the growth of the Home Help Service in recent years:—

Year	Total No. of Home Help hours worked
1950	15,409
1951	27,261
1952	31,877
1953	29,764
1954	37,223
1955	40,105
1956	36,882
1957	41,643
1958	42,750
1959	44,890
1960	45,700
1961	50,557

The Home Help Organiser reports as follows:—

This year has shown a marked increase in the number of applications for help. All cases are visited and help arranged according to the need. In some cases a friend or distant relative is prepared to attend and is preferred by the applicant.

It is to be regretted that in a number of cases help is not sought until the patient is a hospital case.

Three fathers (2 widowers, 1 separated) with young children have been helped throughout the year, so enabling the family unit to remain intact. The Home Helps are encouraged in these cases to watch over the children carefully and report to the department when help or advice is necessary.

The new “geriatric look” has also brought its own problems, and with the “quick in and out” of hospital, has laid additional burdens on the service, because help is asked for, and expected, by the hospital with minimal notice.

In addition, with the increasing average age of the town's population, more demands are being made on the service by recommendations from private medical practitioners, Health Visitors, Welfare Officers, National Assistance Board Officers, etc., and as each year passes, so more help is asked for and warranted by those who have been relying on the service for many years, to keep them going in their own homes. At the present time, of the cases being helped, 20 are between 60 and 70 years of age, 70 between 70 and 80 years of age, 95 between 80 and 90 years of age, and 8 cases are over 90 years old. It must be pointed out that these are only the cases themselves, and in many instances, there is either a wife or husband of much the same age, to be cared for as well, who might just be able to "potter around".

It is therefore obvious that the Home Help Service in Hastings must be substantially increased in order to maintain this service which is so necessary to the people, especially the aged, of this town.

SECTION III

SERVICES PROVIDED BY THE LOCAL HEALTH AUTHORITY UNDER THE
MENTAL HEALTH ACT, 1959

General:

In the 1960 Annual Report, a detailed exposition was given of the effect and first workings of the Mental Health Act, 1959, which became fully operative in November, 1960, and the Council's plans for the implementation of the scheme as approved by the Minister were outlined in some detail.

Although the routine workings of the Act and the reclassification of patients called for proceeded with few snags, the plans for hostels and centres remained in the discussion stage and no physical progress on them was made.

ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY

(a) Care and After-care for Mental Cases:

The main centre for inpatient treatment of mental illness continues to be at Hellingly Hospital, some cases passing through St. Helen's Hospital en route. Outpatient facilities are provided at the Royal East Sussex Hospital. The integration of the Council's mental welfare officers with the hospital service and their role in the care of patients in the community were described in the 1960 Report: the Occupational Therapist assists in suitable cases at home and during the year paid 730 visits to 16 individual patients, both mentally disordered and generally handicapped persons.

(b) Mental Illness:

During the year there were 157 admissions to Hellingly Hospital from this County Borough. Of these, 114 were admitted informally by general medical practitioners, the balance of 43 being dealt with by the Mental Welfare Officers, as follows:

Admitted direct to Hellingly Hospital	..	..	..	16
Admitted to the Psychiatric Ward, St. Helen's Hospital and subsequently transferred to Hellingly Hospital	..	..		27

During this period 27 other recommendations for admission were referred to this Department. All were admitted to the Psychiatric Ward, St. Helen's Hospital, and their subsequent disposal was as follows:

Transferred to Leybourne Grange	..	..	..	2
„ Hill House Hospital	..	..	..	1
„ Virginia Water San.	..	..	..	1
„ Medical or Geriatric Wards, St. Helen's Hospital				8
Discharged home	..	..	..	15

(c) Sub-Normal Patients:

During 1961, 22 new cases were referred to the local authority from various sources.

8 cases were admitted during the year to hospitals for the sub-normal.

Cases under Statutory Supervision	5
„ „ Friendly „	95
Of these 100 cases,	
33 attend the Training Centre	
8 receive training from the Home Teacher	
12 are visited by the Brighton Guardianship Society.	

Record of Home Visits:

A total of 464 home visits were made:
 420 to patients supervised by Hastings C.B.
 8 to patients supervised on behalf of other local authorities.
 36 Miscellaneous.

(d) Psychiatric Cases:

Psychiatric cases referred during 1961 (from mental hospitals, general practitioners, psychiatric out-patient clinic and other sources)	77
---	----

Record of Home Visits:

Mental after-care visits	620
Miscellaneous visits	247

Guardianship:

Guardianship continues to be by parents or relations, by the authority’s mental welfare officers or arranged through the Brighton Guardianship Society, supervision being carried out by the medical and lay staff of the department in the former cases. National Assistance helps some of these cases, some are supplemented by the authority. With reclassification under the new Act, most certified cases have been de-ascertained, with friendly supervision continuing.

Training:

The Council’s Occupation Centre in Athelstan Road covers a wide field of training and practical work, and an average of 30 subnormal and severely subnormal cases attend regularly.

The activities for older patients are limited by the size of the building and the fact that such a wide age range is catered for: this difficulty can only be overcome as outlined in the Council’s proposals for the future, by making the Centre one for juniors only, with seniors attending elsewhere in a more industrialised location. The Centre is a very happy one, thanks largely to the staff, and the weekly evening “club night” is well attended.

The help and support given by the Hastings and Bexhill branch of the Society for Handicapped Children is greatly appreciated and welcomed: the parents hold their meetings at the Centre and an excellent relationship is enjoyed. The minibus donated by them in 1959 is a further great asset and solves many problems especially in inclement weather. During the year this vehicle made 392 journeys, with a total mileage of 10,758 miles.

A part time Home Teacher visits children who, for one reason or another, are not suitable for attendance at the Centre, and gives them training in

elementary handicrafts. Once again, the children all enjoyed the outings arranged for them by the Society.

Homes for Mentally Disordered Persons

No. of homes registered	..	..	..	3
No. of patients for which registered	..	..	..	47

All three homes are registered for female patients only, and are restricted to the categories, sub-normal or severely sub-normal.

Mental Nursing Homes

No. of homes registered	..	..	..	1
No. of beds	..	..	..	10

SECTION IV

SERVICES PROVIDED BY THE LOCAL HEALTH AUTHORITY UNDER THE NATIONAL ASSISTANCE ACT, 1948

SECTION 21

(a) Accommodation for Aged and Infirm:

It is the duty of the local authority to provide "residential accommodation for persons who by reason of age, infirmity or any other circumstances are in need of care and attention, which is not otherwise available to them".

Moreton and Little Moreton, opened in 1951-2, provide accommodation for 61 old people, 36 ladies and 25 men, Pine Hill opened in 1953, provides for a further 42 old people. New Moreton, a 50-place bungalow-type unit designed for the care of the more crippled and infirm old person, was opened in May, 1960, and quickly got into the stride with a minimum of teething troubles. The Homes run smoothly and efficiently, thanks to the Warden, Matrons and staff who are untiring in their efforts. The majority of residents are happy and content, although the occasional aggressive or antisocial character can cause much trouble and distress to others. They look forward to the outings, garden parties, film shows and other events provided for them, and in their absence there is always the radio or television. Organised occupational therapy has however proved to be an abysmal failure, meeting a stubborn wall of resistance and apathy.

Night attendants are now provided in all the Homes, as the residents tend to need more care and attention through increasing physical and mental limitations.

In addition to these direct provisions for the residential care of the elderly, the Council are responsible for the balance of maintenance payments for some 70 old people in voluntary homes in and outside the town. Voluntary Homes in the borough provide a further large number of beds, and these, together with Old People's flatlets and bungalows and the privately owned residential homes registered with the Council cater for over 700 old people who require help with their housing and care.

The efforts of the Voluntary Organizations dealing with the care of old people are outstanding and of tremendous value to the town where there are so many people of advanced age.

(b) Accommodation for Other Groups:

It is the authority's duty to provide "temporary" accommodation for persons in urgent need thereof, it being primarily intended to cover persons temporarily without accommodation as a result of fire, flood or eviction.

The housing of evicted families always presents a considerable problem, and my thanks are extended to the Housing Manager and his department for the able way in which they have tackled it.

(c) Registration of Old Person's Homes:

Section 37 of the National Assistance Act, 1948, requires that all homes for disabled persons or old persons shall be registered with the local authority

(excluding “charity homes”), the object being to ensure that a reasonable standard of accommodation, equipment and care is provided.

No. of Old Persons Homes registered	..	28
No. of Homes for Disabled Persons registered		1
No. of Homes for Old Persons and Disabled Persons registered	.. .. .	6
No. of beds	.. .. .	663

These Homes are inspected at regular intervals by the Medical Officer of Health and the Old People’s Warden. Although the larger Homes are on the whole very satisfactory, my previous comment upon the rather dubious standard of comfort and care in some of the smaller ones still stands. It is not easy to raise standards of space, attendance and general comfort without increasing charges, which are in most cases moderate, an increase which would worsen the situation for the old people mainly concerned.

On the whole, however, the general standard of the smaller homes tends to improve with time and some of the less satisfactory ones have closed down.

(d) General Services for the Aged:

Considerable attention is paid to the problems of old people in their own homes by both health visitors on their districts, and by the welfare officers. There is a good liaison with the Old People’s Welfare Committee of the Central Aid Council, and with the hospital almoners. The task of developing a comprehensive scheme for routine observation is enormous in view of the numbers involved, but the Old People’s Committee, an officer level committee under the chairmanship of the Medical Officer of Health, is considering ways and means of providing for this, and how a much more complete integration of all those engaged in old people’s work can be achieved, perhaps by setting up a central information exchange.

Home helps and home nurses play an important part in caring for the aged in their own homes, and here the contact is a close one. The W.V.S. supply a meals-on-wheels service twice a week, receiving a grant from the Council towards the cost, but the much needed expansion of this scheme, both in numbers served and in frequency, cannot be made for various reasons, mainly premises and shortage of voluntary workers able to take the meals round. A third day service commenced in April 1962.

(e) Chiropody Services:

For some years the Council has provided a chiropody service for the residents in its own Old People’s Homes. For the aged and handicapped in the community, an excellent service both at a central clinic and in their own homes where necessary has been run by the Central Aid Council through its Old People’s Welfare Committee. With the withdrawal of a grant made from Central funds, the voluntary body approached the Corporation to seek assistance. Discussions have resulted in the Corporation agreeing to make such a grant and for the service to be continued on the same lines as previously.

SECTION 29

Welfare Services:

The authority have had in operation for some time schemes for the welfare of the various classes of handicapped persons in the town, such as the blind, deaf, dumb, crippled persons, etc.

The schemes are carried out in co-operation with various Voluntary Societies.

1. The Blind:

The Hastings Voluntary Association for the Blind act as the sole agent for the care of blind persons. A register is maintained, a complete welfare scheme operates including home teachers, Braille and Moon lessons, library services, handicraft classes, clubs and socials: a residential home for the Blind, Healey House, is maintained, accommodating 20 blind persons.

The total number of blind persons on the register at the end of 1961 was 310, 108 men and 202 women, and 49 partially sighted persons. The following information is given as requested in Ministry Circular 1/54:—

- (i) No. of persons newly registered as blind during 1961 31
- (ii) No. of persons newly registered as partially sighted, 1961 .. 9
- (iii) Retrolental fibroplasia, a cause of blindness in infants and young children associated with oxygen treatment of prematurity, is a disease which has appeared in considerable degree in the past decade; as soon as its origin (treatment in oxygen apparatus) was recognized, the incidence has fallen markedly. No case of this disease occurred in Hastings in 1961.
- (iv) Ophthalmia Neonatorum, an infective eye condition of new born babies, which used to be a frequent source of early blindness, has been virtually eradicated by venereal disease control, improved ante-natal care and treatment of the new born baby's eyes. No case occurred in 1961.
- (v) Follow up of Registered Blind Persons (1961).

	CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental fibroplasia	Others
1. No. of cases registered in 1961 in respect of which para. 7 (c) of B. D. 8. recommends	10	3	—	18
(a) no treatment	3	—	—	6
(b) treatment (med.surg. or optical)	7	3	—	12
2. No. of cases at 1 (b) above which on follow-up action have received treatment	3	1	—	6

Follow up of Partially Sighted Persons, 1961:

5 cataract, 1 glaucoma, 3 being recommended for treatment.
 3 “other causes”, 1 recommended for treatment.

2. Deaf and Dumb:

The Sussex Diocesan Association for the Deaf and Dumb provides a social centre at Stockleigh Road under the care of a local missionary where a full club service is given, together with religious meetings. Home visiting is carried out where necessary and many club outings arranged. The missionary accompanied deaf and dumb people to interviews with doctors, solicitors, employers, hospitals, etc.

The services are provided by the Association acting as agents for the Council, payment being made on a per capita basis.

The Association also looks after a number of Deaf persons and Deaf and Blind persons.

The number of Deaf and Dumb persons registered at the end of 1961 was 35, of Deaf and Blind 8.

The social club for the Deaf and Hard of Hearing started under voluntary auspices early in 1952 has continued to do excellent work and has opened a second branch.

3. Cripples and other Handicapped Persons:

The Hastings Voluntary Committee for the Care of Cripples carries out some welfare work, whilst the B.R.C.S. look after ex-service cripples, providing occupational therapy and general assistance. The Spastics and the Multiple Sclerotics have their own local organizations.

4. Epileptics and Spastics:

The true incidence of epilepsy and cerebral palsy in adults in the town is not known, as the department only can assist those who seek its help or who are referred by other organizations. School children suffering from either of these complaints are known to us through the School Health Service, and the health visitors give early information in the case of still younger children.

Epileptics: 6 adult epileptics are known to the department through the health visitors and mental health worker. 7 children attend normal schools, 2 others attend the day open air school, and 4 epileptics are also ascertained educationally subnormal and attend the Wishing Tree Day Special School.

Spastics: 10 spastic adults are known to the department: 5 children of school age are maintained in a special residential school for spastics by the Education Authority: 2 children with minor incapacity attend ordinary schools, 2 attend the open air day school, and 1 attends the Wishing Tree School.

Advice is given by the health visitors, mental health worker and where indicated by the medical officers, and efforts are made where appropriate to secure suitable employment for adult epileptics and spastics.

The Council, in 1951, approved welfare schemes covering all classes of handicapped persons. It has been possible for the health visitors and mental health worker to contact a number of these and to give them help mainly by advice and putting them in touch with various voluntary agencies. It has not been possible to carry out the full scheme as originally envisaged owing to the very considerable calls on the time of the staff, but the services of a part-time Occupational Therapist have been available to them since September, 1955. Materials and equipment are provided on loan to start the patient off,

and the results so far have been extremely encouraging. The Mental Health Worker has assisted a number of mentally handicapped people after discharge from hospital treatment, and dealt with several epileptics.

SECTION 47

Removal to suitable premises of persons in need of care and attention:

This section provides that on the representation of the Medical Officer of Health to the Local Health Authority, and from them to the Court of Summary Jurisdiction, any person who is found to be suffering from:

- (a) grave chronic disease, or being aged, infirm or physically incapacitated, is living in insanitary conditions, and
- (b) is unable to devote to himself and is not receiving from others proper care and attention,

the person may be removed by an Order of the Court to a suitable hospital.

Several cases suitable for action under this section were persuaded to enter hospital voluntarily, or the aid of relatives or voluntary organizations enlisted to ameliorate bad home neglect with good results.

One old lady, living in insanitary conditions, had to be moved compulsorily to one of the Council's old persons homes, emergency action being taken by means of a single Justice's Order. The condition of the premises was improved and the old lady returned to her home, but died in hospital shortly afterwards.

SECTION 48

Duty of Council to provide Temporary Protection for Property of Persons admitted to Hospitals, etc.

During the past year it has been necessary to take steps under this Section for the protection of property, etc., in 15 cases.

SECTION 50

Burial or Cremation of the Dead:

Funeral arrangements were made by the department at the expense of the Local Authority during 1961 for 10 deceased aged people, where it was apparent that no arrangements for the disposal of the body were being made by other persons.

SECTION V

INFECTIOUS DISEASES

CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR, 1961.

NOTIFIABLE DISEASES.	1960	NUMBER OF CASES NOTIFIED.															Deaths.	Total cases removed to Hospital.
		At all ages.	At ages—Years.											65 & upds.				
			0	1	2	3	4	5	10	15	20	35	45					
Small Pox ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera, Plague ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous Croup) ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas ..	(5)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...	(22)	...	...	...	...	1	2	1	...	...	...	...	...	...	...	2	6	...
Typhus Fever ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Typhoid Fever ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Relapsing Fever ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Paratyphoid Fever ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Pyrexia ...	(47)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Infections ..	(1)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Poliovmyelitis ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ophthalmia Neonatorum ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Encephalitis ...	(1)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Primary Pneumonia ...	(20)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Influenzal Pneumonia ...	(2)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malaria ...	(...)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery ...	(45)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Food Poisoning...	(14)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles ...	(566)	14	33	40	41	32	105	19	1	...	...	...	...	...	...	...	...	...
Whooping Cough ...	(42)	2	...	3	...	3	9	1	...	...	...	...	...	...	...	...	...	...
Totals	(765)	393	16	33	44	42	37	115	24	5	10	5	18	44	2	13	...	...

Remarks:

- (a) **Scarlet Fever:** 4 cases of scarlet fever, all of a mild type, were notified during the year, none being admitted to hospital. The disease continues to be mild in form with few complications.
- (b) **Diphtheria:** For the twelfth consecutive year no case of diphtheria occurred in the town.

(c) **Anterior Poliomyelitis:**

No case of polio occurred in 1961, and the national incidence was also low. The changing picture of the incidence of this disease in the last two or three years appears to indicate fairly definitely that the effort put into the polio vaccination campaign and its acceptance by the public have played a major part in this: if these efforts can be continued, it may soon be possible to claim beyond doubt another sweeping victory for immunology, the science of artificial protection.

(d) **Measles:** 289 cases were notified against 566 in 1960.

(e) 1 mild case of food poisoning was notified.

Disinfection and Disinfestation:

No case of scabies occurred in school children, and the infestation is becoming a rarity. Arrangements are available to bath and treat both children and adults at the two main clinics if so requested by a general practitioner.

Body Vermin (pediculosis corporis) are occasionally found. Disinfestation of clothing and articles, together with the bulk of disinfection in connection with notifiable infectious diseases, is carried out at the steam disinfector at St. Helen's Hospital by arrangement with the Hospital Management Committee, the Corporation providing the services of the operator.

Articles disinfected	1,791	No. of individuals cleansed	
Rooms, etc.		for scabies	Nil
disinfected	544	No. of baths for scabies	Nil
No. of individuals		Sets of clothing disinfected	
cleansed for vermin	Nil	(Scabies)	Nil

Disinfestation of Council Houses and other Properties:

Council Houses	..	..	5	(20 rooms)
Other premises	..	..	46	(198 rooms)

Isolation Hospital:

Mount Pleasant Hospital (Infectious Diseases) is under the control of the Regional Hospital Board. The Medical Officer of Health and Deputy act as Medical Superintendents in charge of Infectious Disease cases: this most satisfactory arrangement ensures complete and unified control in Hastings of investigation, treatment and prevention of these diseases.

Two blocks providing a maximum of 36 beds are available for Infectious Disease cases.

The Hospital serves the County Borough of Hastings, Boroughs of Bexhill and Rye, and the Battle Rural District, the total population served being over 130,000: in addition, a number of cases are admitted from the Tunbridge Wells area, and holiday visitors who develop infectious diseases further increase the problem.

During the year 111 cases of notifiable and non-notifiable disease were admitted, 91 being Hastings residents or visitors, 20 from Bexhill, East Sussex or Kent areas.

Tuberculosis:

(a) At the end of 1961, the tuberculosis register contained 579 names.

Total Cases	Pulmonary			Non-Pulmonary		
	Males	Females	Total	Males	Females	Total
579	319	240	559	8	12	20

(b) New Cases and Mortality:

The number of notifications received during the year of newly ascertained cases of tuberculosis and the number of deaths due to tuberculosis are shown in the table below:—

Age Period	New Cases Notified				Deaths from Tuberculosis			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0 — 1 year ...	...	...	...	...	...	...	...	...
1 — 2 years ...	...	...	...	...	...	...	...	...
2 — 5 „ ...	...	...	...	...	...	...	...	...
5 — 10 „ ...	...	...	...	...	...	...	...	...
10 — 15 „ ...	1	...	...	...	...	...	...	...
15 — 20 „ ...	...	1	...	...	...	...	...	...
20 — 25 „ ...	...	3	...	...	...	1	...	...
25 — 35 „ ...	1	3	1	1	...	...	...	...
35 — 45 „ ...	2	1	...	...	...	...	...	...
45 — 55 „ ...	2	1	...	1	1	...	...	...
55 — 65 „ ...	3	...	...	...	...	...	...	...
65 — 75 „ ...	1	1	...	...	2	1	...	...
75 upwards ...	3	2	...	...	1	1	...	...
Totals ...	13	12	1	2	4	3	...	...
Grand Totals	28		(41)		7		(8)	

For purposes of comparison, the following table shows the Deaths and death rate per 1,000 population for the past 51 years:—

Year	No. of deaths Pulmonary Tuberculosis	No. of deaths Non- pulmonary Tuberculosis	Total	Death rate from Tuberculosis per 1,000
1910-1914	62	23	85	1·4
1915-1919	73	18	91	1·7
1920-1924	60	15	75	1·25
1925-1929	57	10	67	1·1
1930-1934	43	6	49	·79
1935-1939	48	4	52	·81
1940-1944	38	4	42	1·04
1945-1949	29	2	31	·51
1950	20	1	21	·31
1951	17	...	17	·26
1952	10	1	11	·17
1953	12	3	15	·23
1954	9	2	11	·17
1955	14	2	16	·24
1956	15	1	16	·24
1957	6	2	8	·12
1958	7	1	8	·12
1959	7	1	8	·12
1960	8	...	8	·12
1961	7	...	7	·10

(c) **Treatment of Tuberculosis:**

The Regional Hospital Board are responsible for treatment of the disease. The Chest Clinic held at the Eversfield Chest Hospital is the focal point for investigation and treatment and for the surveillance of contacts.

Close liaison exists between the Health Department and the Chest Clinic: the department provides a health visitor to be present at the clinic sessions and to carry out all the tuberculosis home visiting and ascertainment and follow-up of contacts.

I am indebted to the Chest Physician for the following figures:—

No. of new cases seen for investigation	418
(Males 194, Females 146, Children 78)	
No. of contacts examined	225
(Males 36, Females 61, Children 128)	
Total attendances of all cases	4,599

(d) **Prevention of Tuberculosis:**

B.C.G. protective vaccination against tuberculosis of Mantoux negative contacts of known cases and members of nursing staffs was continued.

Contacts 0—5 years (Males 15, Females 11) ..	26
5—15 „ (Males 17, Females 13) ..	30
Adult nurses	3
Other adults	10
Re-vaccination (Males 4, Females 3) ..	7
New-born babies not Mantoux tested ..	18
	—
	94

B.C.G. vaccination of Mantoux negative school children of ages 13 plus, started in the autumn of 1955 has become an established procedure.

Children whose parents accept the invitation are Mantoux tested in the schools: the negative reactors are vaccinated two days later. Positive reactors are offered a full examination and chest x-ray by the Chest Consultant, and all members of the family are also invited to attend.

	No. of children Mantoux tested	% Acceptance of testing	No. Mantoux negative	% Mantoux negative	No. B.C.G. vaccinated
1961	754	83·4	700	92·8	699

Re-inspections and Special Inspections

	No. of children Mantoux tested	%Acceptance of testing	No. Mantoux negative	%Mantoux negative	No. Mantoux positive
1961	255	96·2	106	41·6	149

Most of these tests were carried out in the course of investigation of schoolchildren attending schools at which a case of tuberculosis had been found in child or staff. Many had been previously vaccinated with B.C.G., which accounts for the comparatively low negative Mantoux rate.

Acceptance of the offer of Mantoux testing and B.C.G. vaccination has been very good indeed, and it is pleasing also to note the comparatively small number of children found to be Mantoux positive at 13 plus, a proof that they are much less exposed to tuberculosis infection than in the not so distant past.

(f) After-care of Tuberculosis Cases:

The Hastings Voluntary Tuberculosis Care Committee, formed in 1918, is comprised of voluntary workers, with Council members, under the Chairmanship of the Medical Officer of Health, and is subsidised by the Local Health Authority. Previous reference has been made to its reorganization and new title, Hastings Care Committee (Chest Diseases).

VENEREAL DISEASE

I am indebted to the Medical Officer in charge of the Venereal Disease Clinic at the Royal East Sussex Hospital for the following figures of cases treated during the year. (Hastings cases only).

New cases of syphilis	...	...	1
New cases of gonorrhœa	...	...	7
Other conditions	...	...	45
			—
Total	...	...	53
			—

PUBLIC HEALTH BACTERIOLOGICAL WORK

All Public Health Specimens, in particular, samples of milk, ice cream, water and swimming bath water, are dealt with at the branch laboratory of the Central Public Health Laboratory at Brighton.

SECTION VI

MISCELLANEOUS

1. Registration of Nursing Homes (Public Health Act, 1936, Section 187).

Inspection and supervision of Nursing Homes is carried out by the Medical Officer of Health and deputy to ensure adequate and suitable accommodation, nursing and general care. The Superintendent Health Visitor also visits to advise the Medical Officer of Health on the nursing standard provided.

No. of Nursing Homes registered	..	..	17
Beds available—Maternity	..	..	Nil
General	..	..	322

2. Nurseries and Child Minders Regulation Act, 1948

This act requires registration of

- (a) premises (“day nurseries”) where children are received to be looked after for the day or for longer periods less than six days.
- (b) persons (“day minders”) who for reward receive children under the age of five for a similar period.

Residential nurseries and foster parents are excluded from this Act, the necessary supervision being provided under the Children’s Act.

Only 1 day minder for 20 children is on the register. There was one new registration during the year.

3. Medical Examinations:

The following medical examinations were carried out by the Medical Staff of the Department during the year:—

Sick Pay Scheme examinations	..	..	157
Staff medical examinations (including x-ray)			113
Teachers, etc., examined („ „)			86
Firemen examined	..	..	9
Other medical examinations (retirement, etc.)			1
		Total:	366 (262)
X-Ray examinations only	..	..	107

4. Children’s Welfare Committee:

The work of the Children’s Welfare Committee in connection with problem families continued throughout the year, and considerable progress was possible in some cases. The main difficulty encountered is in the rehousing of these cases, particularly the real “problem families”, although it is widely appreciated that housing conditions are often the key point in their rehabilitation.

This committee comprises all the officers dealing with children or problem families and was set up in accordance with Circular 78/50 under the chairmanship of the Medical Officer of Health. Its aims and working were discussed fully in the 1951 Annual Report.

5. Health Education:

The Minister asks specifically for certain details to be included in this year's report.

For some years, considerable effort has been made in the field of health education, on general topics of health and disease by the health visitors in the clinics, and on matters of food and kitchen hygiene by the public health inspectors. Much useful material is designed and made by the staff themselves, whilst use is made of available posters and films. Talks are given to outside bodies such as W.I.s, women's clubs and to the Catering School of the College of Further Education.

SECTION VII

GENERAL SANITARY ADMINISTRATION

(A) Water Supply

The Water Engineer, Mr. D. J. Walker, reports as follows:—

1. Area of Supply:

The statutory area of supply is approximately 62 square miles, comprising the whole of the County Borough of Hastings and parts of the Rural District of Battle, which includes a large rural area extending beyond Rye to the east and Broad Oak to the north.

The population of the area served is 72,000 in winter, increasing to about 115,000 in the summer. The average daily consumption of water is 3.1 million gallons a day with a maximum daily consumption of 4.5 million gallons during the summer season.

2. Sources of Supply:

The Water Undertaking derives its supplies from two reservoired catchment areas at Darwell and Powdermill, and also from deep wells and boreholes in the Ashdown Sand, the latter now being maintained as reserve supplies.

The largest impounding reservoir situated at Darwell, near Mountfield, has a capacity of 1,000 million gallons, and impounds water from a drainage area of 2,382 acres.

Powdermill impounding reservoir at Great Sanders, Sedlescombe, with a drainage area of 1,213 acres, has a capacity of 188.5 million gallons.

The total consumption of water during the past year was 1,135,920,000 gallons, of which 1,063,034,000 gallons was supplied from the impounding reservoirs and 72,958,000 gallons from the underground sources of supply.

3. Quality of Water:

All raw water from the impounding reservoirs is conveyed by pipeline to the Brede Valley Pumping Station, where it receives chemical treatment, sedimentation and filtration, and as an additional safeguard the water is sterilised by the addition of chlorine before being pumped to supply.

Chemical and bacteriological examinations of the water are made at frequent intervals, the results consistently indicating that the water is fairly soft in character, contains no excess of salinity or mineral constituents and is of excellent organic and bacterial purity.

Information is incorporated below in connection with the queries of the Ministry of Housing and Local Government.

(a) The Undertaking's supply has been maintained at the usual high standard of purity during the period of 1961, and in addition there has been no shortage of water at any period of the year.

(b) All supplies are piped. Routine samples for both bacteriological and chemical examinations of the raw water have been made at irregular intervals. All water in domestic use was adequately treated and chlorinated.

Monthly bacteriological examinations are made of all treated water entering the distribution system at sampling points throughout the area of supply.

Chemical analysis of raw and treated water has also been carried out during the year. Typical bacteriological and chemical analyses of treated water are as follows:—

**Report on the Bacteriological and Chemical Examination
of Samples of Water**

Bacteriological Examination of a sample of water.

Labelled: Tap on Baldslow Pumping Main, Brede Pumping Station.

Residual chlorine 0.4 p.p.m.

No. of Colonies developing on Agar	1 day at 37°C 0 per ml.	2 days at 37°C 0 per ml.	3 days at 20°C 0 per ml.
Presumptive Coli aerogenes reaction	Present in — ml.	Absent from 100 ml.	Probable No. 0 per 100 ml.
Bact. coli (Type I)	— ml.	100 ml.	0 per 100 ml.
Cl. welchii reaction	— ml.	100 ml.	

This is a very satisfactory sample. It is clear and bright in appearance and of the highest standard of bacterial purity, indicative of a wholesome water suitable for public supply purposes.

21st June 1961.

Typical chemical analysis of sample of water from County Borough of Hastings Water Undertaking.

Chemical Results in parts per million

Labelled: Tap off distribution main from Baldslow Reservoir.

Appearance: Bright with a few particles.

Turbidity less than 3. Colour 7. Odour Nil. pH 7.4. Free Carbon Dioxide 6.
Electric Conductivity 235. Dissolved Solids dried at 180°C 155.
Chlorine present as Chloride 25. Alkalinity as Calcium Carbonate 40.
Hardness Total 90. Carbonate 40. Non-carbonate 50.
Nitrate Nitrogen 0.4. Nitrite Nitrogen Absent.
Ammoniacal Nitrogen* 0.000. Oxygen absorbed 0.70.
Albuminoid Nitrogen* 0.041. Residual chlorine Absent.
Metals: Iron 0.10. Other metals absent.

* To convert to Ammonia multiply by 1.21.

This sample is clear and bright in appearance, neutral in reaction and free from metals apart from minute traces of iron. The water is fairly soft in character and it contains no excess of salinity or mineral constituents in solution. It is free from noticeable colour, of very satisfactory organic quality and of the highest standard of bacterial purity.

These results are indicative of a pure and wholesome water suitable for public supply purposes.

(Sgd.) GORDON MILES.

31st January 1961.

(c) The waters are not liable to plumbo-solvent action, being of moderate hardness.

(d) No special action was taken in respect of any contamination. The Local Authority is the owner of certain lands on the gathering grounds and in a position to take necessary steps. Should a particular sample prove to be unsatisfactory, on bacteriological examination, the cause would be immediately investigated and the condition rectified without delay, and further samples taken as necessary.

(e) The number of dwellings (including hereditaments having living accommodation) supplied within the Borough of Hastings is 24,022. In addition, approximately 2,877 houses outside the Borough now have piped supplies. Houses are not supplied from standpipes, except in cases of breakdown or frozen pipes.

(B) Public Swimming Baths:

There are four swimming baths and pools as follows:—

White Rock Baths. Large Bath—200,000 galls. Seawater—heated.
Small Bath—65,000 galls. Seawater—heated.

Bathing Pool: 1,200,000 galls. Seawater—unheated.

Combe Haven: 50,000 galls.—Fresh water—unheated.

Treatment is by filtration and chlorination, and a generally high standard was maintained. Pollution by bathers is higher in baths used by children but a close control on the residual chlorine in the water during peak periods is maintained to ensure the prevention of water borne infection.

Sampling to assess the adequacy of treatment, was carried out regularly, with greater frequency during the summer months. A total of 41 samples were taken, all of which were satisfactory, and 31 were of a very high standard indeed.

The accompanying table gives details of the results of bacteriological tests.

Plate Count 1 Day at 37° C per Ml.	Less than 1	1-5	6-10	11-15	16-20	21-30	31-40	41-50	Over 50
Large Bath	2	9	2	—	—	—	—	—	1 Sample (71)
Small Bath	—	5	3	2	—	1	2	—	1 Sample (57)
Bathing Pool	4	4	—	—	—	—	—	—	—
Combe Haven	—	2	—	—	—	—	—	—	3 Samples { 131 132 155
Total	6	20	5	2	—	1	2	—	5
Probable Number of Coliform Bacilli per 100 Ml.	Less than 1		1—5					Over 5	
Large Bath	13		1 Sample 3 (3 Faecal)					—	
Small Bath	7		4 Samples { 1 (less than 1 Faecal) 1 (1 Faecal) 2 (2 Faecal)					3 Samples 13 160 (35 Faecal) 160 (50 Faecal)	
Bathing Pool	8		—					—	
Combe Haven	3		2 Samples { 1 (1 Faecal) 3 (less than 1 Faecal)					—	
Total	31		7					3	

(C) Drainage and Sewerage:

I am indebted to the Borough Engineer for the following report:—

Reconstruction of the Upper Park Road sewer was completed in February. Preparation of Ore Valley Main Drainage Scheme Stage IV was also completed during the year, and the construction of this section together with the reconstruction of the Old Roar Ghyll sewer will, I anticipate, be put in hand during 1962.

Build-up of beach in the vicinity of the Harold Place and Caroline Place surface water outfalls continued, and the Public Hygiene Committee accepted the tender of Messrs. Millsbound for lengthening these outfalls. This work is likely to be commenced early in the summer of 1962.

Messrs. Balfour, Consulting Engineers, appointed to report on the prevention of foreshore pollution from the western outfalls, carried out extensive off-shore float tests, along with their other investigations for the Western Area Main Drainage scheme, during 1961. The Public Hygiene Committee authorised the Consultants to extend their field of investigation to include the Rock-a-Nore sewage storage tanks and outfall, and their report on both areas of enquiry is expected early in 1962.

Alterations to the ventilation of the sewage tanks at Rock-a-Nore, carried out by direct labour, were completed with the exception of the final sealing of the surface area, and to date, even without this refinement, appear to have abated satisfactorily the nuisance arising from the original ineffective ventilation system which gave rise to numerous complaints of obnoxious smells in the car parking area.

The survey of public sewers, required to bring the Statutory Records up to date, continued throughout the year although this work suffered from interruptions occasioned by higher priority demands elsewhere on the Direct Labour force.

Major projects carried out by the Direct Labour force included the construction of new sewers in the Halton and Broomgrove Redevelopment areas. This force also dealt with a large number of minor maintenance works on public sewers including repairs to fractured sewer in Hughenden Road; clearance of blockages in Vale Road (Old Roar Ghyll sewer—now scheduled for reconstruction); repairs to roof of sewage tanks at Bulverhythe Depot; diversion of sewers in the Branksome Road area—in conjunction with private estate development; repairs to surface water sewer in Ebdon's Hill and foul sewer in Theaklen Drive. New manholes were constructed at junction of Hardwicke Road/Robertson's Hill; Old Roar Ghyll; and a 12 in. diameter emergency overflow was put in at the junction of St. Helen's Road/Parkstone Road. Work carried out under Public Health Orders included repairs to the sewer serving 8-21 Halton Terrace; a connection in Chatham Road (where a new manhole was also constructed); Brittany Road; Mount Pleasant Road; Baldslow Road and Magdalen Road.

Collapse of the highway surface in Castle Hill, opposite the lower end of Wallinger's Walk, gave rise to a suspected fracture of a sewer. Upon investigation the cause of the subsidence was found to be due to a wash-out of subsoil into a fissure in the sandrock sub-grade. This fissure was sealed with concrete and the carriageway reinstated—no public sewer being affected.

Because of the location and small size of a defective sewer in Queen's Road arrangements are in hand for this sewer to be inspected by a specialist firm, using closed-circuit television, early in 1962. If this system proves satisfactory it is anticipated that other lengths of "older" sewers, hitherto internally inaccessible, will be examined by this method.

During 1961, forty-three dwelling units, built by the Housing Committee, were connected to public sewers. These units were mainly located in the Hollington area, the remainder being at the Halton redevelopment site. Private enterprise provided a further fifty-four new dwelling units connected to public sewers.

(D) Collection and Disposal of Domestic Refuse:

The quantity of refuse collected, transported to and disposed of by controlled tipping at Pebsham Farm was in the order of 60,000 cubic yards (an increase of about 2,000 cubic yards over the previous year), and resulted in a further $5\frac{1}{2}$ acres being raised above flood level.

It must unfortunately be recorded that despite an increased quantity of salvaged materials, due to a drop in market prices, the net income showed a decrease.

(E) Street Cleansing:

The fleet of electric street orderly trucks was increased to seven, the new machine being fitted with apparatus for spraying weed killer.

(F) PEST CONTROL

(1) Rodent Destruction:

The number of infestations reported by occupiers showed a slight increase; 605, as compared with 548 in the previous year. Only 5 major infestations were found, again originating in defective drains and sewers. Preventive work, by survey of potential breeding grounds was maintained at a high level, a total of 6447 properties being inspected.

Survey and disinfection work on sewers was carried out every six months. In May 80 manholes were baited, 22 showed bait being taken, and these were treated twice over a period of 10 days, (44 treatments, 2 complete and 36 partial takes).

In November the Borough was divided into 3 areas, baiting being carried out twice over 9 days, with a final check of all "take points" on the 12th day.

A new departure, was the use of plastic bags to protect the bait in some of the wetter manholes, which proved to be very effective, giving both greater accuracy in determining results, and preventing wastage of materials.

All chambers where takes were recorded in the May treatment were baited, and showed that 25 of the 38 were now clear. 135 chambers, mostly adjacent to these points were included, the total takes being 33, all of which showed no further takes on the 12th day.

The results confirm what years of sewer treatments repeatedly have shown, that by far the highest incidence of takes is in the West Hill, Hastings, area, and a smaller concentration in the old part of St. Leonards, viz., the rear of the Royal Victoria Hotel, Gensing Road area—22 out of a total of 33 takes were recorded in these two areas.

Sewers remain the largest reservoir of infestation, and there can be no relaxation of control measures.

	Local Authority Properties.	Private Dwellings.	Business Premises.	Agricultural Premises.	Total.
Properties Inspected					
Notification of Occupier	20	466	108	11	605
Surveys	22	523	413	49	1007
Otherwise	—	2410	2425	—	4835
Total Inspections (including re-inspections)	360	8645	4245	151	13401
Properties Infested					
Rats	6	313	49	10	378
Mice	13	168	58	1	240
Infested Properties Treated	19	481	107	11	618
Total Treatments (including re-treatments)	27	560	146	11	744
Block Treatments ...	—	27	—	—	27

(2) **Other Pests:**

51 (39) verminous houses, including 5 Council houses, a total of 218 (147) rooms, were dealt with during the year. Commercial premises, including food premises, dealt with totalled 135 rooms in 71 premises.

Insecticidal spraying as a preventive measure was carried out in all cinemas and theatres; 22 treatments being given during the year.

In addition to disinfestation work to deal with insects affecting public health, an advisory service is available for other pests (ants, wasps, etc.)

Resistant strains of various insects continue to be found, and it is therefore necessary to use a variety of insecticides to overcome this difficulty.

The problem of dealing with personal flea infestation amongst old people where normal cleansing methods are impracticable, has been met by the provision of dispensers containing 5% D.D.T. in talcum powder. Already, after a few months operation this method has proved invaluable.

Charges for disinfestation work were revised with effect from 1st April, as follows:—

Rats and mice (business premises):	7s. 6d. per hour.
(dwellings):	no charge.
Insects (business premises):	Liquid spray: 21s. 6d. or 27s. 3d. per gall. of material used.
(dwellings)	5s. for first room and 2s. 6d. for each additional room.
(all premises):	Powder treatment: 6s. 5d. per lb. of material used.

All charges have been calculated to include the cost of labour, transport etc.

Receipts for disinfestation work totalled £236 4s. 2d. (including £97 11s. 3d. for rodent control on business premises) compared with £210 16s. 3d. in 1960.

(G) **FACTORIES ACTS 1937-48**

PART I OF THE ACT

(1)—**INSPECTIONS** for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises.	Number on Register	Number of		
		Inspec- tions	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	35	33	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	193	146	3	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	18	9	—	—
TOTAL	246	188	4	—

2.—CASES IN WHICH DEFECTS WERE FOUND

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more “cases”)

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ...	—	2	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient ...	2	1	—	—	—
(b) Unsuitable or defective	16	3	—	—	—
(c) Not separate for sexes...	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ..	2	2	—	—	—
TOTAL ...	20	8	—	—	—

It is regretted that it was not possible to inspect all factory premises; owing to pressure of other duties the amount of time devoted to this section of the work amounting to only one half of requirements. Of the 188 inspections carried out, however, in 20 cases further action was necessary to remedy defects. If these figures are accepted as a fair average, 10.6% of factory premises require attention to hygiene requirements though many of the defects found are of a minor nature and easily rectified.

Plans for new buildings and alterations to existing premises are examined in conjunction with the Borough Surveyor to ensure structural compliance with requirements.

Under the Factories Act, 1959, it is now necessary to provide washing facilities with running hot and cold water.

PART VII
OUTWORKERS

Wearing Apparel—making, etc. ..	2
Artificial Flowers ..	33
Stuffed Toys ..	—
No. of visits ..	36 (21)

SECTION VIII

HOUSING AND SANITARY INSPECTION

1. INSPECTION OF DWELLING HOUSES

(1)	(a)	Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) ..	775
	(b)	Number of inspections made for the purpose	2,759
(2)	(a)	Number of dwelling houses (including sub-head (1) above) which were inspected and recorded ..	130
	(b)	Number of inspections made for the purpose ..	668
(3)		Number of dwelling houses found to be unfit for human habitation	58
(4)		Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ..	234

2. REMEDY OF DEFECTS DURING 1961 WITHOUT SERVICE OF FORMAL NOTICES:—

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers	256
---	-----

3. ACTION UNDER STATUTORY POWERS DURING 1961:—

A.—Proceedings under Sections 9, 10, 11 and 16 of the Housing Act 1936 and 1957:—

(1)	Number of dwelling houses in respect of which notices were served requiring repairs	5
(2)	Number of dwelling houses which were rendered fit after service of formal notices—	
	(a) By owners	3
	(b) By Local Authority in default of owners	3

B.—Proceedings under Public Health Acts:—

(1)	Number of dwelling houses in respect of which notices were served requiring defects to be remedied	32
(2)	Number of dwelling houses in which defects were remedied after service of formal notices—	
	(a) By owners	10
	(b) By Local Authority in default of owners	19
(3)	Sec. 24 Notices served	4

C.—Proceedings under Sections 11 and 13 of the Housing Act 1936 and Sec. 17 Housing Act 1957:—

(1)	Number of dwelling houses in respect of which demolition orders were made	12
(2)	Number of dwelling houses demolished in pursuance of Demolition Orders	30

D.—Proceedings under Section 12 of the Housing Act 1936 and Sec. 18
Housing Act 1957:—

(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made.. ..	9
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit.. ..	1
(3)	Closing Orders made (Sec. 17. H.A. 1957)	12
(4)	Undertakings (not used for habitation)	—
(5)	Closing Orders determined	6

4.—OVERCROWDING

(a)	(i)	Number of dwellings overcrowded	21
	(ii)	Number of families dwelling therein	21
	(iii)	Number of persons dwelling therein	113
(b)		Number of new cases of overcrowding reported	21
(c)	(i)	Number of cases of overcrowding relieved	4
	(ii)	Number of persons concerned in such cases	27
(d)		Particulars of any cases in which dwelling houses in respect of which the Local Authority have taken steps for the abatement of overcrowding have again become overcrowded	—
(e)		Number of inspections made for the above mentioned purposes	127

Housing Inspections.

Clearance of Unfit Houses.

Total problem: Approximately 1000 unfit houses to be dealt with in 12 years.

Five year programme 1955 - 1960—400 unfit houses.

Area	Number of		adults	child- ren	total	Clearance or Compulsory Purchase Order	Confirmation
	houses	families					
Total brought forward ..	398	390	800	311	1111	—	—
Clearance Area represented	—	—	—	—	—	—	—
Total	398	390	800	311	1111	—	—

Clearance Areas.

No clearance areas were represented during the year. As stated in the annual report for 1960 the number of areas previously represented had reached the target for the approved five year programme. Early in the year under review, however, it became obvious that new building and redevelopment was not keeping pace with programme requirements, and that a back log of 350 houses, equal to 3½ years of clearance programme, had built up. The decision to defer further representations was reluctantly taken in the hope that the number of families requiring urgent re-housing might be reduced.

Three of these area Orders were confirmed by the Minister in June 1960, and it is extremely difficult, in some cases absolutely impossible, to alleviate the condition under which these families are forced to continue to exist. Early re-housing once an Order is confirmed is the only solution.

During the year public inquiries were held, and Orders confirmed on 106 houses, comprising 8 clearance areas as set out below.

<i>Area</i>	<i>Houses</i>	<i>Inquiry</i>	<i>Confirmed</i>
Priory Street 4/5	35	18.1.61	30. 5.61
Duke Road 7/16	23	5.4.61	29. 6.61
Bourne Road 32/17, 18, 19, 20 ..	39	19.4.61	19.12.61
32/21 ..			29.12.61
Castle Cross 26/22	9	5.9.61	19.12.61
	<hr/> 106		

Throughout the year, only four houses were demolished, and 19 families (52 persons) re-housed.

Individual Unfit Houses.

33 dwellings were represented as unfit and 12 demolition and 21 closing orders were made—5 houses were demolished and 28 families (97 persons) were re-housed.

Following the issue of certificates of unfitness 30 Local Authority owned dwellings were demolished and 23 families (96 persons) were re-housed.

6 Closing Orders were determined, the properties having been restored and improved. A total of 74 dwellings have now been dealt with in this way, a useful if modest contribution in saving housing units which otherwise would have been lost to the community.

At the end of the year there were still some forty families in dwellings subject to Closing and Demolition Orders, waiting for re-housing, some having been living in deplorable conditions for upwards of two years since the Orders were made. From this aspect, conditions have worsened rather than improved, and the continued deficiency in new building has increased the number of families so placed each year.

Rent Act 1957.

No. of applications by tenant for certificates of disrepair (Form I) ..	3
Notice by local authority of proposal to issue certificates of disrepair (Form J)	2
Undertaking by landlord to remedy defects (Form K)	1
Certificates of Disrepair issued (Form L)	1

Applications by landlord for cancellation of certificate (Form M) ..	—
Notice by local authority of proposal to cancel certificate of disrepair (Form N)	—
Applications for certificates as to remedying of defects (Form O) ..	3
Certificates as to the remedying of defects (Form P)	3

Disrepair. 887 (869) complaints were investigated. 243 (284) notices were served requiring repairs, 256 (235) notices calling for necessary works under Housing and Public Health Acts were complied with without recourse to formal action.

Improvement and Acquisition.

Inspections were carried out in respect of 228 applications for improvement grants, a decrease of 35, again received mainly from owner/occupiers. Defects noted were included in the schedule of works to be carried out as a condition of grant. Enquiries were also dealt with in respect of 402 applications for loans under the Small Dwellings Acquisition Acts.

The lack of improvement schemes for the large number of tenanted sub-standard houses is an indication of failure of the house improvement scheme so far as the majority of the older type properties is concerned. Section 29 of the Housing Act, 1961, provides for a permitted rent increase of 12½% on the owner's outlay for improvements as compared with 8% in the previous enactment. It is to be hoped that this will encourage property owners to introduce modernisation schemes for those properties which are most in need rather than to allow a continued decline to the category of unfit.

Re-housing Applications.

Investigation and assessment of the housing conditions of 149 families on the housing waiting list were carried out. Action to improve existing conditions was taken whenever possible. Without sufficient new houses, this in many cases is merely a palliative; the number of approved cases continues to grow, and the chances of resettlement in reasonable surroundings to diminish.

The number of new cases of statutory overcrowding (a poor enough yard stick is 25 years out of date) which were discovered during the year was 21. These 21 families consisted of 113 people (51 adults and 62 children). The number of new cases of overcrowding found each year remains fairly constant, and is enough to take up half the normal vacancies occurring on the housing estates. Only 4 families living in overcrowded conditions were re-housed.

Summary.

The total number of visits for housing purposes 4,032, showed a decrease of 915 over the previous year. The deferment of surveys of clearance area properties is reflected in this figure.

The amount of time and labour required to be spent on drainage works continues to increase, 1837 visits as compared with 1399 in 1960. This rise can be expected to continue each year.

The temporary respite from clearance area survey, gave an opportunity to devote more time to follow-up to ensure completion of works to remedy defects, and this was found invaluable to clear a back log which had built up.

Housing remains the most important social problem, which at times seems as far from solution as ever.

Year.	No of families re-housed.				
	Overcrowding, &c.	Tuberculosis and other Medical reasons.	Individual unfit houses. Closing and Demolition Orders.	Clearance Areas.	Unfit Houses owned by L.A.
1953	44	21	—	—	—
1954	24	20	—	—	—
1955	11	4	—	—	—
1956	12	21	11	—	—
1957	10	9	23	18	—
1958	10	13	24	58	—
1959	11	12	20	—	—
1960	11	11	16	9	10
1961	4	10	12	17	26

Noise Abatement Act 1960.

This enactment which came into operation on the 27th November, 1960, is reviewed after the first full year of its application.

Of a total of 887 complaints made to the department, 12 or 1.3% were in relation to noise. These covered a wide scope from the noise of seagulls, the barking of dogs, and the noise of neighbours, to industrial noises such as those emanating from newly-installed refrigerator motors in shops, noise from garages, coach builders, joinery works and the loading of dairy vehicles in the early morning. It is a legacy of any urban community that light industries of this type are in close proximity to dwellings, and provided that the best practicable means for preventing or counteracting effects are adopted, there is no offence. A certain number of complaints can however be expected, requiring investigation.

The Act sets out concise provisions relating to the control of certain sources of noise, such as loudspeakers in streets, but in the absence of standards for other noise nuisances, recourse must be had to informal action and advice to effect improvement. This course of action has been taken with some degree of success.

In stating that no statutory noise nuisance was found, it is not intended to belittle the effects on a particular individual of what is often found to be an unusual noise. One person will live and sleep adjacent to a busy bus stop or railway siding, while another may be driven crazy by a dripping water tap.

Industry and the housewife have found it an asset to have "music while you work", but the stopping of a clock may be noticed immediately.

To sum up, the aim would appear to be to stop the unnecessary and the unusual.

Caravan Sites:

There are nine holiday caravan sites, licensed to operate from 1st March to 31st October each year, ranging in size from 28 caravans on the smallest site to 900 caravans on the largest site. 63 acres of land are utilised as caravan sites, with a total of 1,588 caravans. During the year, 154 inspections were carried out, and much of this work was devoted to consultation with a view to

implementing the conditions attached to site licences issued under the Caravan Sites (Control and Development) Act, 1960.

Conditions of licensing are based on the Model Standards, with certain general modifications, which are set out below.

Showers or baths:	2 per 40 caravans	} Half requirement of model standards.
Dustbins:	1 per 2 caravans	

Maximum distance from caravan to toilet facilities: 100 yards.

In addition, sites with existing roads were exempt from the condition prohibiting the siting of caravans within 10ft. of any carriageway.

While the season was still on, a number of site owners made considerable progress with works that could be proceeded with, such as the construction of roads and footpaths, concrete hard standings, resiting of caravans, provision of additional water supply stand-pipes and fire points. At the same time, plans were being drawn up for additional structural works for the housing of baths and laundry facilities, to be provided for the 1962 season.

The majority of sites are excellently run without apparent restrictive control but nevertheless, this is only maintained by strict day-to-day supervision on the part of management.

A slightly untidy site encourages further deterioration at the hands of holiday caravanners “letting their hair down”, with no consideration for their neighbours, and it is a short road to final breakdown of any hygiene standard. Caravanners may be in occupation for only a week, but the vast majority of caravans, with an ever changing population may remain on the same pitch year by year and are only removed when replaced by new vehicles. One wonders why they continue to be equipped with wheels.

If it is safe to look into the future at all, a prediction that in time caravan sites will be replaced by chalet parks, each chalet having inbuilt toilet, washing and cooking facilities, with central amenity and recreational provisions, would not be considered too wild a guess. In fact, such development has already commenced.

General. The following tables summarise under various headings the miscellaneous public health matters dealt with by the inspectorate.

Inspections:—

Keeping of animals	50
Rat or mice infestation ..	362
Smoke nuisance	161
Verminious premises	50
Infectious diseases	7
Food poisoning	16
Pet Animals Act	3
Moveable dwellings—caravan sites	154
Offensive trades	8
Knackers yards	13
Theatres and Cinemas ..	1
Out workers	36
Other Visits	1150
Interviews respecting properties	906
Smoke tests to drains ..	100
Water tests to drains ..	90
Fertiliser and Feeding Stuffs Act	24
Swimming Baths	51

Total: 3,182

Works Carried Out:—

Roofs repaired and made weatherproof	118
Stacks rebuilt or repaired (including new pots)	22
External walls repaired or repointed	35
Gutters and R.W.D. repaired, renewed, or cleaned out ..	53
Dampness remedied	162
Int. walls and ceilings repaired..	150
Walls and ceilings cleansed and redecorated	25

Firegrates and stoves repaired or renewed	7
Floors repaired or renewed ..	45
Staircases repaired	2
Doors repaired or renewed ..	22
Windows repaired or renewed ..	57
Sash-cords renewed	51
Ventilation improved	2
Water supply improved ..	16
New sinks provided	13
Waste-pipes repaired or renewed	10
Yards and passages repaired ..	14
New W.C.s erected	3
W.C. basins renewed	8
Flushing cisterns repaired or renewed	24
Drains repaired or reconstructed	56
Drains cleansed	92
Inspection chambers constructed or repaired	19
Soil and Vent-pipes repaired or renewed	8
Gully traps fitted	5
Sanitary dustbins provided ..	76
Miscellaneous repairs	67
Food Premises —Cleanliness effected	25
Miscellaneous works of improvement	65
Total:	1,252

SECTION IX

FOOD INSPECTION AND HYGIENE

(A) MILK

There is one pasteurising and bottling plant handling all grades of milk and one cartoning plant for tuberculin tested milk in the borough, other supplies coming from 3 plants outside the district and four producers bottling T.T. milk on the farm. 51 registered distributors retail to the consumer, many of these being general food shops receiving milk already pasteurised and bottled. Under present day conditions, this method of distribution, together with vending machines (with storage under favourable temperature conditions), provides a service, particularly to the housewife who goes out to work. Risks attendant on leaving milk exposed on doorsteps for long periods are obviated. 323 visits were paid to milk premises during the year.

Milk (Special Designation) Regulations, 1960

No. of dealers' (Pasteurisers') Licences	..	..	..	1
No. of dealers' (Tuberculin Tested) Licences	..	..		6
No. of Dealers' (Pre-Packed Milk) Licences:				
Sterilised	..	..	..	7
Tuberculin Tested	..	..	..	22
Pasteurised	..	..	..	47

Sampling:

247 samples of designated milk, including 47 from schools were taken for bacteriological examination.

Pasteurised Milk:

Of 210 samples of pasteurised milk, all were found on laboratory test to have been efficiently heat treated to destroy disease-carrying bacteria. In 189 cases cleaning and sterilising of bottles were also found to be satisfactory, but 10% failed to pass the prescribed test. This does not mean that the washing plants are inefficient; rather is it indicative of the condition of some bottles returned by consumers. The number of bottles which have to be rejected at the plants as unfit for re-use is relatively high, and consequently "bottle trouble" is a hazard of the trade.

The sooner that a non-returnable container can be produced which is both economical and acceptable to the public the better. Bearing in mind recent advances, success in this direction is considered to be not too distant.

Tuberculin Tested Milk:

Of a total of 37 samples of T.T. (farm bottled) milk, 8 or 21.6% failed to pass the laboratory test. In each case the Area Milk Officer of the Ministry of Agriculture, Fisheries and Food was notified, who in turn took follow-up action to effect improvement in methods of production on the farm.

A summary of sampling is given in the following table:—

Designation.	Samples taken	Methylene Blue test.		Phosphatase test.	
		Passed.	Failed.	Passed.	Failed.
Tuberculin Tested F.B. ...	37	29	8	Not applicable.	—
T.T. Pasteurised ...	61	56	5		
Pasteurised ...	149	133	16		

Biological examination for the presence of tuberculosis and brucella abortus in milk as delivered from the farms and before processing, was carried out by the Public Health Laboratory Service.

69 samples were taken. No cases of tubercular infected milk were found and the number of positive samples on brucella ring test was 16. In 4 cases Brucella Abortus was isolated. All positive results were notified to the Area Veterinary Officer of the Ministry of Agriculture for investigation on the farm, and for inclusion in the calf vaccination scheme.

No.	T.B. Test		Brucella Ring Test	
	Positive	Negative	Positive	Negative
69	—	54	16	38

N.B.: 15 no result; guinea pigs died.

10 MEAT

TABLE I
Slaughterhouse Output - Comparative Table

Year	Cattle (excluding cows)	Cows	Calves	Sheep	Pigs
1953	3,272	574	1,820	9,003	7,579
1954	2,866	509	1,329	8,323	8,597
1955	1,346	445	1,232	2,946	9,701
1956	1,956	259	1,795	7,515	9,138
1957	1,790	1,037	1,941	3,261	8,386
1958	1,340	1,618	1,483	3,444	9,901
1959	1,118	491	1,423	6,588	9,828
1960	1,364	165	1,189	4,009	9,062
1961	1,930	146	1,226	4,504	8,966

The total number of cattle units passing through the London Road Slaughterhouse was 7,869, an increase of 8.4% (611 cattle units) over the previous year. 16,772 animals were inspected, which necessitated attendance on 512 hours outside normal working hours. One hundred per cent meat inspection was maintained, irrespective of other priorities.

The improvement in the general quality of carcass meat continued, and the incidence of tuberculosis in cattle, even when compared with statistics for

1960 which were the lowest ever recorded, was further reduced. The number of animals affected was 1 per 1000, as compared with 1 per 3 only a few years ago. Without doubt this can be classified as a major triumph of the decade, and can be attributed to the tuberculin testing scheme and to improved animal husbandry.

During the year 6 tons 6 cwt. of meat and offal were rejected as unfit for consumption, 5 cwt. being affected with tuberculosis and 6 tons 1 cwt. with other diseases, a quantity sufficient possibly to provide a meal for 10,000 households, or 40,000 people. 1 carcass was found to be affected by tape worm infection transmissible to man (*cysticercus bovis*), and was subjected to low temperature storage for 21 days before being released.

So much has already been said in criticism of the most unsatisfactory facilities and the general structural condition of the existing slaughterhouse in every annual report over the past eight years that there is little more to be added. Completely worn out, and rapidly deteriorating, a picture of decay is presented. Working conditions are so bad that they would not be tolerated in any other workshop, and here a staple food of the population is produced. That a reasonable standard of hygiene and finished product is maintained, is little short of miraculous, and these results are attained only by sheer hard work and constant vigilance.

Progress on the new abattoir scheme has been slight, and continuing frustration is the keynote. The project was given priority and an enormous amount of work on specifications and technical details was carried out under pressure by the architect, quantity surveyor and health inspector, with a view to obtaining tenders in October, but this had to be abandoned. . . . Legal and other difficulties on site acquisition have presented themselves, and it is now estimated that completion will be at least twelve months behind the agreed date (1.4.63).

TABLE II
CARCASES INSPECTED AND CONDEMNED DURING 1961
(Figures for 1960 in brackets)

	Cattle (excluding cows)	Cows	Calves	Sheep and Lambs	Pigs
No killed	1930 (1364)	146 (165)	1226 (1189)	4504 (4009)	8966 (9062)
No. inspected	1930 (1364)	146 (165)	1226 (1189)	4504 (4009)	8966 (9062)
All diseases except Tuberculosis					
Whole carcasses condemned ...	3 (1)	4 (3)	3 (2)	15 (7)	10 (18)
Carcasses of which some part or organ condemned ..	688 (582)	24 (26)	3 (1)	127 (224)	632 (616)
Percentage of the number affected with disease other than tuberculosis	35.8 (42.74)	19.17 (17.57)	0.48 (0.25)	3.15 (5.76)	7.16 (6.99)
Tuberculosis only					
Whole carcasses condemned ...	— (—)	— (—)	— (—)	— (—)	1 (2)
Carcasses of which some part or organ condemned ...	2 (4)	— (1)	— (—)	— (—)	21 (23)
Percentage of the number affected with tuberculosis	0.103 (0.29)	— (0.6)	— (—)	— (—)	0.24 (0.27)
Cysticercosis					
Carcasses of which some part or organ condemned	1 (—)	— (—)	— (—)	— (—)	— (—)
Carcasses submitted to treat- ment by refrigeration ...	1 (—)	— (—)	— (—)	— (—)	— (—)
Generalised and totally condemned	— (—)	— (—)	— (—)	— (—)	— (—)

TABLE III
TOTAL WEIGHT CONDEMNED FOR TUBERCULOSIS

	<i>Ton</i>	<i>Cwt.</i>	<i>Qtrs.</i>	<i>Lbs.</i>
Carcase Meat	—	3	3	10
Offal	—	—	3	27

**TOTAL WEIGHT CONDEMNED FOR DISEASES OTHER THAN
TUBERCULOSIS**

	<i>Ton</i>	<i>Cwt.</i>	<i>Qtrs.</i>	<i>Lbs.</i>
Carcase Meat	2	1	2	19
Offal	4	—	—	18

(C) ICE CREAM

There are 9 registered manufacturers, of which 1 is a wholesale factory producing hard ice cream, and 8 producer/retailers mostly making soft ice cream.

31 applications for registration for the sale and storage of wrapped ice cream were dealt with and the total number of premises retailing ice cream is now 420. 329 inspections of ice cream premises were carried out, as compared with 195 in the previous year.

The results of bacteriological examinations were disappointing, only 58% of samples passing the prescribed tests. For the months of July, August, September, only 37% of samples were satisfactory. In seeking reasons for these disappointing results, various factors have to be taken into consideration.

Unsatisfactory results were mainly obtained during the warmer months of July to September from samples of soft ice cream where the process is somewhat different. After pasteurisation and cooling, the mix is stored at 40°F. and is not frozen until required. Patchy inclement weather which was experienced during the summer months affects ice cream sales, and under these circumstances there is a tendency to over-produce batches of mix which in consequence is stored for longer periods than is desirable. On examination, pasteurising is found to be efficient and the standard of hygiene in handling is satisfactory. Further research and sampling throughout all stages of production and storage before consumption is under way.

49 samples taken for analysis were all found to be satisfactory.

The following tables summarise the reports received:—

Bacteriological Examination

Grade.	No. of samples.	Percentage.	Remarks.
I. II.	25 3	52·08 } 6·25 } 58·33	} Satisfactory.
III. IV.	9 11	18·75 } 22·91 } 41·66	
			} Indicates defects of } manufacture/handling

N.B.: 1 no result; container broken on arrival at laboratory.

Analysis

No. of Samples.	Satisfactory.	Not satisfactory
49	49	—

(D) FOOD AND DRUGS ACT 1955

During the year 228 (255) samples were taken for analysis. Details are as follows:—

Milk:	Formal Samples ..	—	
	Informal samples ..	71	
		—	71
Sundries:	Formal samples ..	21	
	Informal samples	86	
		—	107
Ice Cream:	Formal samples ..	1	
	Informal samples	49	
		—	50
			—
			228

Samples found satisfactory on analysis numbered 211. —

Unsatisfactory analytical reports were received on 17 samples.

The provisions relating to the composition of food and drugs require assessment on analysis under four main headings.

1. The addition of any ingredient or abstraction of any constituent, or process to render food injurious to health.
2. The sale to the prejudice of the purchaser of food not of the nature, substance or quality demanded.
3. The use of prohibited substances, colouring matters, preservatives etc.
4. The false description by labelling or advertising, or marking which is calculated to mislead the consumer.

In reviewing results of analyses, it becomes obvious that a change in the general pattern has taken place. The quality of milk has steadily improved, and adulteration by the addition of water or abstraction of fat is seldom met. On the other hand, spirits, butter with excessive water, jams with low fruit content, continue to be found.

With present day competition and high pressure advertising however, a new pattern appears. Even reputable manufacturers tend to fall for a glamorous label which by over-statement or omission tends to mislead the consumer, but to be to the benefit of the manufacturer. Ten cases of this type have been dealt with during the year.

Particulars of unsatisfactory samples and the action taken follow:—

No.	Item	Analyst's report	Action taken
1078	(informal) Pork Sausages	Labelled as "Meat contents 100% Pork" — description misleading. Meat content in fact 72%	Taken up with manufacturer. Label amended.
714	(informal) Ice Cream	44% deficient in fat	Investigation showed accidental omission in mix. Withdrawn from sale. Follow up sample (formal) satisfactory.
1099	(informal) White Sauce	Labelling incorrect and incomplete	Taken up with Importers. Label amended.

<i>No.</i>	<i>Item</i>	<i>Analyst's report</i>	<i>Action taken</i>
40	(informal) Instant Bread Sauce	The label implied that the contents of the packet would produce Bread Sauce merely by the addition of water, but in fact milk, which was an essential constituent of the sauce, was entirely absent.	Labelling taken up with manufacturers. Label amendment agreed.
21	(informal) Chicken Soup Cubes	The presence of herbs and onion was not declared as required by the Labelling of Food Order, 1953.	Labelling taken up with manufacturers. Label amended.
30	(informal) Foot and Joint Ointment	Contained 90 per cent of fat (largely beef or mutton fat) and 10 per cent of sulphur, whereas the article was stated to contain 50% oils fats.	Report to be submitted on legal aspect. Formal sample taken.
46	(formal) Foot and Joint Ointment	Contained 93 per cent oils and fats and 7 per cent of sulphur. The composition was stated on the label to be 50% oils, 50% fats and the article was described as patented.	
15	(informal) Low Calorie Blue Cheese Dressing	Contained 0.13 per cent of sodium cyclohexylsulphamate.	Presence of sweetener illegal—taken up with importers—withdrawn from sale.
41	(informal) Marshmallow Ointment	Was in a highly rancid condition and the ground-nut oil which was a constituent of the sample had an acid value of 22.	Old stock: remaining stocks surrendered and destroyed.
42	(informal) Mustard Ointment	Volatile Oil of Mustard one of the main therapeutically active ingredients stated to be present was entirely absent.	Old stock. remaining stocks surrendered and destroyed.
34	(informal) Instant Potato	Contained only 12 mgms. of vitamin C per 4 oz. packet.	Labelling taken up with importers. Label amended.
32	(informal) Vitamin Pills	} One Capsule was stated to contain the daily requirement of phosphorus but one capsule would only supply about 2 per cent and 3 per cent respectively of the daily requirement of this mineral.	Summons withdrawn following agreement to redesign label to differentiate clearly between vitamin and mineral content.
47	(formal) Vitamin Pills		
50	(formal) Chicken Supreme	Consisted of chicken in white sauce. This description should appear as part of the main label.	Labelling taken up with manufacturer.

<i>No.</i>	<i>Item</i>	<i>Analyst's report</i>	<i>Action taken</i>
64	(informal) Ham Sandwiches	Ham in some sandwiches found to be in incipient state of putrefaction.	Taken up with caterer. General inspection carried out and warning given. Remaining stock of canned ham withdrawn.
69	(formal) Pilchards in Tomato	Contained .9% of added salt. Presence not declared.	Labelling taken up with importers.
55	(informal) Tuna Newburg	Newburg sauce is lobster based—therefore misdescribed as “newburg”.	Labelling taken up with importers.

SPECIAL INVESTIGATIONS

The following investigations were carried out in regard to foodstuffs during the year:—

1	Mince Pie	..	Contained broken glass	..	Fined £10-0-0d. plus £3-3-0d. costs.
2	Potatoes	..	Turned black on boiling	..	Probably due to frost. Advisory action.
3	C.I. Milk	..	Sub-standard—suspected deficiency of fat	..	Tested by Department. Satisfactory.
4	Packets of Salted mixed nuts	..	Out of condition	..	All of remaining stock surrendered.
5	Doughnut	..	Dirty marks	..	Taken up with manufacturer.
6	Bread	..	Small mark in crust	..	Found to consist of iron rust. Taken up with manufacturer.
7	Wrapped white sliced bread	..	Brown stain	..	Due to flour mixture. Warning letter from Department.
8	Red Salmon	..	Suspected glass splinters	..	Magnesium ammonia phosphate crystals. Satisfactory.
9	Tea	..	Suspected to contain bicarbonate of soda	..	Satisfactory.
10	Malt loaf	..	Mould	..	Warning letter from Town Clerk.
11	Chocolate biscuits	..	Suspected rodent foot marks on biscuits	..	Taken up with manufacturer. Satisfactory.
12	Shell Sweets	..	Dangerous?	..	Remainder of stock withdrawn from sale.
13	Milk bottle	..	Suspected staining inside bottle	..	Found to be external. Satisfactory.
14	Brown loaf	..	Piece of marble in loaf	..	Warning letter from Town Clerk.
15	Pre-packed chicken	..	Unfit for human consumption?	..	Borderline case—taken up with vendor.
16	Fish	..	Stale	..	Taken up with shop manager.

17	Wrapped cakes	Affected by maggots	..	Remainder of stock withdrawn from sale.
18	Evaporated milk	Bad taste	..	Satisfactory on analysis.
19	Iced birthday sponge cake	Affected by green mould (old stock)	..	Fined £25-0-0d. plus £5-5-0d. costs.
20	Stick of mint rock	Wasp embedded	..	Taken up with manufacturers.
21	Sticks of mint rock	Soft and "coloured at ends"	..	Old stock—remainder of stock withdrawn from sale.
22	Large white sliced loaf	Smear of grease down side	..	Taken up with manufacturers.
23	Carton of milk from vending machine	Sour	..	Complete stock withdrawn.

(E) **OTHER FOODS**

During the year the following foodstuffs were found unfit and rejected at Wholesalers' and Retailers' premises, and disposed of by the local authority at the controlled refuse tip—

					<i>Ton</i>	<i>Cwt.</i>	<i>Qtrs.</i>	<i>Lbs.</i>
Meat	..	..	..	..	3	4	—	12½
Compounded Foods	..	..	..	..	—	10	3	24¾
Fish ..	..	..	..	..	1	4	1	11½
Poultry and Game	..	..	..	..	—	4	—	12¼
Shell Fish	..	..	..	..	—	1	2	6¼
Milk	..	..	..	..	—	5	1	26½
Fruit	..	..	..	..	1	—	2	23¼
Vegetables	..	..	..	..	1	4	—	20¼
Groceries	..	..	..	..	—	6	2	23
Ice Cream	..	..	..	..	—	—	—	13
Sweets, etc.	..	..	..	..	—	3	3	10½
Miscellaneous	..	..	..	..	—	1	—	14¼
					8	7	1	2

(F) **INSPECTION OF RESTAURANTS, CAFES AND OTHER PREMISES**

where food is prepared or exposed for sale.

Food Premises:

The number of food premises is as follows:—

Table A

Preparation and cooking—			
Hotels and Boarding Houses	..	..	399
Private houses taking boarders	..	..	226
Restaurants, cafes and eating houses	..	..	123
School kitchens and W.V.S. kitchen	..	..	12
Bakehouses	..	..	27
Fried Fish premises	..	..	18
Food factories	..	..	8
Mineral water factories	..	..	1
			— 814

Retail:—

Grocers	..	..	..	..	189
Fish shops	..	..	..	..	29
Bakers—retail	..	..	..	..	63
Butchers	..	..	..	..	54
Confectioners	..	..	..	..	138
Fruiterers	..	..	..	..	69
Licensed premises	..	..	..	..	137
					<hr/> 679
					<hr/> Total: 1493

Registered Food Premises:—

Hastings Corporation (General Powers) Act 1937.

					<i>No. of Premises</i>
Ice Cream Manufacturers	..	..	..	..	9
Ice Cream Retailers	..	..	..	..	420
Pressed and preserved meats	..	..	..	..	85
Fish Hawkers	..	..	..	..	23

Milk and Dairies Regulations, 1959.

Pasteurising Plants	..	..	..	..	1
Distributors	..	..	..	..	51
					<hr/> 589

Inspection of Food Premises:—

						<i>Inspections</i>
Bakehouses	..	..	..	..	..	52
Butchers	..	..	..	..	..	326
Cafes, Restaurants, etc.	..	..	..	..	..	298
Dairies and Milkshops	..	..	..	..	..	323
Fish Shops	..	..	..	..	..	19
Fishmarket	..	..	..	..	..	279
Hawkers	..	..	..	..	..	26
Hotels and licensed premises	..	..	..	..	..	66
Boarding and Guest Houses	..	..	..	..	..	65
Ice Cream premises	..	..	..	..	..	329
Preserved Meat Shops	..	..	..	..	..	53
Slaughterhouse	..	..	..	..	..	329
Other food premises	..	..	..	..	..	809
						<hr/> 2,974

General:

To summarise the amount of routine work devoted to food inspection, a constant vigilance was maintained to ensure the wholesome quality of food and drink, and to this end a total of 647 samples were taken, for bacteriological, biological or analytical examination.

Food Hygiene Regulations 1960.

A steady if unspectacular increase in the number of inspections to food premises was maintained, 227 more than in 1960. Maintenance of a high standard of hygiene is of particular importance in a holiday resort which by its nature has comparatively large catering and food trades. Given satisfactory

premises and equipment, however, the final results from the public health point of view, whether satisfactory or unsatisfactory, are largely dependent on the human element.

In almost every case, the standard of the employee is directly affected by the interest and supervision of management and by the maintenance of a standard routine.

Results would be speedier if only the public played its part, in patronising only those food premises which are noted to have a high standard in handling food, and refusing to deal with the trader of dubious standard.

59 informal notices were served in relation to food premises, and 87, some carried forward from the previous year, were complied with.

As a result of action taken by the department, cleansing and redecoration was carried out in 25 food premises, and in addition, improvements to premises and equipment were carried out in 65 establishments.

(G) **FOOD HYGIENE—EDUCATION**

42 lectures of illustrated talks were given during the year to full time students of the Catering Department of the College of Further Education, and to part-time students attending a course organised by the Licensed Victuallers' Association. In addition, a refresher course was organised for staff of the School Meals Service, 40 members of school kitchen staffs attending.

(H) **FERTILISERS AND FEEDING STUFFS ACT 1926.**

24 inspections of wholesalers and retailers premises were carried out and 10 formal samples (4 feeding stuffs and 6 fertilisers) were taken for analysis.

One sample was found to be unsatisfactory, and in two cases there was a technical discrepancy in the accompanying statutory statements.

Details of samples are given below.

<i>Sample No.</i>	<i>Item</i>	<i>Analyst's report</i>	<i>Action taken</i>
4197	Bone Meal	.. Contained 3.3 % Nitrogen. Did not accord with definition of Bone Meal.	Warning letter by Town Clerk.
4200	Granular Fertiliser (Superphosphate)	Statutory statement should refer to percentage of phosphoric acid soluble in water.	Taken up with manufacturer.
104	Granular compound Fertiliser	Percentages of phosphoric acid soluble and insoluble in water not stated.	Taken up with manufacturer and merchant.

(I) **PHARMACY AND POISONS ACT 1852 - 1941**

Compliance with the requirements relating to labelling, storage and precautions in handling, was noted on inspection of shops premises and advice given where necessary.

Seven check inspections were made with regard to licensing applications.

(J) **MERCHANDISE MARKS ACTS 1877 - 1926**

100 routine inspections were carried out, 26 notices issued in relation to infringements were complied with, and attention of traders was drawn when

necessary to the necessity of marking clearly imported foodstuffs when displayed for sale. In general, infringements were found to be errors of omission rather than direct misrepresentation.

(K) SHOPS ACT 1950

During the year local Orders were in operation, as follows:—

- (a) A permanent Order under section 1 (4) suspending the half holiday closing on one day in each week from the second Wednesday in June to the penultimate Wednesday in September (inclusive) and on two Wednesdays prior to Christmas Day in each year.

(b) Early Closing:

Watchmakers, Jewellers and Gold and Silver Plate Dealers' Half Holiday Order 1913 Butchers and Meat Retailers Half Holiday Order 1923 Hairdressers Half Holiday Order 1913	}	Fix Wednesday as Early Closing Day with option of Saturday.
---	---	--

Stationers and Booksellers Exemption Order	Exempts stationers and booksellers from necessity of observing half day.
---	---

(c) Sunday Trading:

The Shops Sunday Trading Restriction (Hastings) Order 1938.
(On 18 Sundays (including Easter and Whit Sundays and the 16 Sundays from first Sunday in June) shops may open for sale of bathing and fishing requisites, photographic requisites, toys and souvenirs and fancy goods, books, stationery and postcards and any article of food).

(d) Temporary Orders:

Order under section 43 extending the general closing hour to 9 p.m. for the period 14-15th and 18th-22nd December.

Order under Section 42 extending general closing hour to 9.0 p.m. for purposes of a Trade Fair, 4th-11th November 1961 (excluding Sunday, 5.11.61).

No legal proceedings were instituted but warnings were given with regard to the opening of shops on Sundays and the weekly half day closing day in 44 cases. As will be noted from the following summary, this type of offence accounted for most of the contraventions found.

A total of 804 inspections of shop premises were carried out.

Contraventions	Informal Notices Served	Remedied
S.1 Closing of Shops on weekly half-holiday	36	37
S.2 General Closing Hours	—	1
Closing Orders	—	—
Trading outside Shops and Shops with several trades ...	12	10
Statutory Half-holiday for Assistants	12	12
Meal Times	—	—
Sunday Employment	—	2
Hours of Employment—Persons between 16—18	—	—
Do. do. —under 16	1	1
Night Employment	—	—
Seats for Female Shop Workers	17	18
Sanitary and other arrangements in shops	20	17
Closing of Shops on Sunday	1	2
Shops where several trades or businesses are carried on ...	7	8
Other offences connected with Sunday trading	—	—
Any other offences	3	5
Records not kept and Notices not exhibited :		
Young Persons—Forms E. or F. & G.	21	18
Abstracts of Act—Forms H. or J.	14	11
Seating Accommodation—Form K	41	36
Assistants Half-holiday Notice	40	31
Early Closing Day Notice	81	87
Mixed Shop Notice—Early Closing Day	20	22
Do. —Sunday	4	6

(L) **PET ANIMALS ACT 1951**

This Act provides for the registration and licensing of pet shops, and sets down conditions relating to accommodation, temperature, lighting, ventilation and cleanliness, food and drink, prevention of infectious diseases and means of escape from fire.

6 pet shops in the borough were licensed.

During routine observation throughout the year, all were found to be satisfactorily run.

THE SCHOOL HEALTH SERVICE

Report of the
Principal School Medical Officer
for the Year 1961

SCHOOL HEALTH DEPARTMENT,
44 WELLINGTON SQUARE,
HASTINGS.

August, 1962.

To The Chairman and Members of the Education Committee of the County Borough of Hastings.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report of the Principal School Medical Officer on the work of the School Health Service for the year 1961.

The total number of schoolchildren on the registers showed a further decrease of 51 on the previous year (8,089 as against 8,140). There were 41 fewer children registered at Primary Schools, 10 fewer at Secondary Schools, whilst 4 more children were in attendance at Special Day Schools for the handicapped. Routine medical inspections at 2,403 were 314 more, special inspections and re-inspections 115 less than in the previous year. Dental inspections were 475 up, but the number treated was 224 down: the Principal School Dental Officer again comments on the encouraging situation in respect to conservative dental treatment, and stresses once more the need for prevention through proper oral hygiene measures. During the year the orthodontic section relinquished the services of Dr. I. M. Chisholm, who for many years had given loyal and invaluable service in building up orthodontics as an integral part of the dental clinics; this work was then reorganised in conjunction with the hospital dental service on the appointment of Mr. Plint as Consultant Orthodontic Specialist.

The general standard of health and physique of the children continued to be very satisfactory, less than one in every 200 being classified as "unsatisfactory" on a wide and comprehensive assessment scale. The number of children referred for treatment of established defects remains at a reasonable level, and on the whole the defects tend to be less important or severe.

Re-appraisal of the whole system of routine medical inspections was continued and has resulted in a modified scheme being prepared, which at the time of writing is in process of discussion with Headteachers before submission to your Committee: it is hoped to bring it into operation in January 1963. The broad basis of the new scheme is to allow more time to be devoted to those children with physical or mental problems, and less to the majority of normal children, in other words, to direct our available resources towards those who most need help instead of spreading them equally over all.

Whilst there are remarkably few children in Hastings with total deafness or very severely impaired hearing, acquisition during the year of an audiometer and its use on selected children, mainly those with speech defects or educational backwardness in whom deafness is a possible causative, or contributory factor, has shown that minor degrees of hearing impairment can definitely react on educational attainment or social adjustment. The problem is there all right, and what remains now is to ascertain its full extent and then plan the necessary measures to cope with it. For this reason, routine audiometric tests are proposed on all schoolchildren in the new inspection schedule. The interest aroused by the tests and findings so far has resulted in a series of meetings between the

school health service doctors, deaf teacher, audiometrician and Ear, Nose and Throat Consultant of the Hospital service, and Educational Psychologist, which have been most valuable in furthering the investigation.

My sincere thanks are due to you, Mr. Chairman, and to your Members for their continued encouragement and support given to me; to the Chief Education Officer and his staff for their unfailing help and guidance; to the Headteachers who give us such helpful co-operation, and finally to my own staff for their sustained and loyal hard work.

With these brief comments I beg to submit the 1961 report, and have the honour to remain, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

T. H. PARKMAN,

Principal School Medical Officer.

STATISTICAL SUMMARY FOR 1961

TOTAL number of children on school registers, 1961	8,089	(8,140)
at Primary Schools	4,314	(4,355)
at Secondary Schools including Grammar Schools	3,775	(3,785)
at Schools for Handicapped children ..	119	(115)
ROUTINE medical inspections—total number inspected	2,403	(2,089)
special inspections and re-inspections	1,124	(1,239)
Minor ailments treated	405	(506)
DENTAL inspections—total number inspected ..	6,629	(6,154)
,, ,, treated ..	2,015	(2,239)
Receiving orthodontic treatment	236	(235)
DEFECTIVE VISION —total number referred for examination	623	(719)
spectacles prescribed for ..	155	(171)
HEALTH INSPECTIONS by school nurses at schools	16,890	(16,370)
number found defective in cleanliness ..	82	(87)
HOME VISITS by school nurses	1,073	(902)
DEATHS OF SCHOOLCHILDREN: I have to report that during 1961, 4 deaths occurred in the resident child population aged 5—15 years.		
Pneumonia	I	
Other accidents	I	
Cancer	I	
Vascular Lesions of Nervous System ..	I	

SECTION A

MEDICAL INSPECTION AND WORK OF CLINICS

Periodic (Routine) Medical Inspections.

In accordance with the Ministry of Education regulations, periodic medical inspections are carried out on

- (a) Every child admitted to a maintained school for the first time; i.e., at 5 plus years.
- (b) Every child attending a maintained Primary school at the age of 10 plus years.
- (c) Every child attending a maintained Secondary school in the last year of attendance; i.e., 14 plus years.

In addition, children transferring to Hastings schools from other areas are examined as soon as possible and are recorded in the nearest appropriate periodic age group. Pupils remaining beyond the age of 15 (Grammar and High Schools, etc.) are examined during the last year of their school life.

The Ministry of Education are now urging Education Authorities to experiment with the regime of periodic medical inspections. Discussions have shown that by far the most important is considered to be the "entrance" examination at age five, with perhaps the "leavers" at 14 plus the second important. Replacement of the intermediate inspection at 10 plus can be advantageous if replaced by a suitable scheme of sight and vision testing, medical visits to schools by doctors and school nurses and timely health questionnaires to parents. Recent organisation in the staff permitted such a scheme to be planned but, subsequent illness among staff delayed it being put into effect. It is now hoped to adopt the new idea at the commencement of 1963.

"Special" examinations will be unaltered by the new scheme, and continue to present many difficulties. Because of the time involved in such investigation, especially where there are behaviour problems, it has been considered impossible to do them thoroughly, during a school examination, and accordingly a special appointment is made at the clinic.

In order to encourage their presence at the examinations, in particular the "Specials", parents are given adequate notice and times of appearance, the latter provision obviating long waiting. It is particularly desirable in the initial medical appraisal of infants that the parent should be present to give details of any previous departure from normal and to discuss any abnormalities found at the time of inspection. Similarly with the "leavers" group, discussion of the child's future employment in the light of his or her medical condition is extremely helpful.

The preliminary "preparation" of the child by the school nurse includes weighing and measuring, sight testing, tests of acuity of hearing and a general survey of cleanliness, this, with the subsequent and thorough examination by the medical officer, ensures an accurate assessment of the child's fitness or otherwise. Where necessary, the parent or teacher can bring forward information on the child's mental abilities or behaviour so that appropriate advice and treatment, including where indicated special educational treatment, can be given.

Testing of colour vision is carried out in the second and third groups of boys only, as “colour blindness” like haemophilia is a defect carried on by the female sex but not exhibited by them. Where extreme colour blindness is found in boys, advice is given to the parents with regard to post-school employment of their children. Many jobs require normal colour vision and these jobs are quite definitely barred to boys with colour blindness.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

A.—Periodic Medical Inspections.

Classification of the General Condition of Pupils Inspected during the Year in the Age Groups.

Age Groups Inspected (By year of birth)	Number of Pupils Inspected	Satisfactory		Un-satisfactory	
		No. of	% Col. (2)	No. of	% Col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
1957 and later	—	—	—	—	—
1956	257	251	97.7	6	2.3
1955	309	305	98.7	4	1.3
1954	52	52	100	—	—
1953	51	51	100	—	—
1952	45	45	100	—	—
1951	23	23	100	—	—
1950	519	518	99.8	1	.2
1949	38	38	100	—	—
1948	16	16	100	—	—
1947	13	13	100	—	—
1946 and earlier	1080	1078	99.8	2	.2
Total	2403	2390	99.5	13	.5

B.—Pupils found to require treatment.

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment
(excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (by year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table A (3)	Total individual pupils (4)
1957 and later	—	—	—
1956	2	14	16
1955	9	15	24
1954	4	12	15
1953	5	11	15
1952	4	7	11
1951	2	6	6
1950	18	37	52
1949	3	9	12
1948	—	2	2
1947	1	1	2
1946 and earlier	55	76	130
Total	103	190	285

C.—Other Inspections.

Number of Special Inspections	...	...	...	737	(739)
Number of Re-Inspections	...	...	...	387	(500)
				<hr/>	<hr/>
			Total	1124	(1239)
				<hr/>	<hr/>

D.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER 1961

All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of inspection.

Defect Code No.	Defect or Disease (2)	PERIODIC INSPECTIONS						TOTAL		
		ENTRANTS		LEAVERS		OTHERS				
		Requiring Treat- ment (3)	Obser- vation (4)	Treat- ment (5)	Requiring Obser- vation (6)	Treat- ment (7)	Requiring Obser- vation (8)			
(1)									Requiring Treat- ment (9)	Obser- vation (10)
4	Skin ..	4	3	38	5	11	7	53	15	
5	Eyes: <i>a.</i> Vision ..	11	19	59	40	33	22	103	81	
6	<i>b.</i> Squint ..	3	3	6	2	6	2	15	7	
	<i>c.</i> Other ..	2	—	5	2	4	2	11	4	
	Ears: <i>a.</i> Hearing ..	1	3	1	3	4	3	6	9	
7	<i>b.</i> Otitis Media ..	—	—	1	—	—	—	1	—	
	<i>c.</i> Other ..	2	1	—	1	1	—	3	2	
	Nose and Throat ..	1	8	1	4	5	5	7	17	
8	Speech ..	4	2	1	3	7	3	12	8	
9	Lymphatic Glands ..	1	4	—	1	—	—	1	5	
10	Heart ..	—	3	1	8	1	3	2	14	
11	Lungs ..	3	10	6	22	7	9	16	41	
12	Developmental: <i>a.</i> Hernia ..	—	—	1	—	—	—	1	—	
13	<i>b.</i> Other ..	1	10	—	6	4	17	5	33	
	Orthopaedic: <i>a.</i> Posture ..	—	4	4	11	2	2	6	17	
	<i>b.</i> Feet ..	—	2	2	2	6	3	8	7	
14	<i>c.</i> Other ..	2	2	16	6	9	10	27	18	
	Nervous System: <i>a.</i> Epilepsy ..	—	—	2	4	—	3	2	7	
	<i>b.</i> Other ..	—	—	—	—	1	—	1	—	
15	Psychological: <i>a.</i> Development ..	1	—	—	1	1	2	2	3	
16	<i>b.</i> Stability ..	—	3	1	2	—	10	1	15	
	Abdomen ..	—	—	—	—	—	—	—	—	
	Other ..	3	1	2	3	5	7	10	11	

E.—SPECIAL INSPECTIONS

All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of the inspection.

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4.	Skin	274	4
5.	Eyes: <i>a.</i> Vision	64	8
	<i>b.</i> Squint	9	3
	<i>c.</i> Other	46	1
6.	Ears: <i>a.</i> Hearing	6	1
	<i>b.</i> Otitis Media.. ..	1	—
	<i>c.</i> Other	11	—
7.	Nose and Throat	11	4
8.	Speech	26	4
9.	Lymphatic Glands	1	—
10.	Heart	1	2
11.	Lungs	11	3
12.	Development—		
	<i>a.</i> Hernia	1	1
	<i>b.</i> Other	2	4
13.	Orthopaedic—		
	<i>a.</i> Posture	5	—
	<i>b.</i> Feet	10	2
	<i>c.</i> Other	21	3
14.	Nervous system—		
	<i>a.</i> Epilepsy	1	14
	<i>b.</i> Other	1	1
15.	Psychological—		
	<i>a.</i> Development	6	2
	<i>b.</i> Stability	6	9
16.	Abdomen	—	—
17.	Other	126	3

General Condition of Children.

Grading into the categories “satisfactory” and “unsatisfactory” is carried out not only on nutritional grounds but includes criteria such as mental and physical alertness, susceptibility to minor infections and ill health, stamina and vitality. It is, in short, an assessment of positive health or lack of it.

The number of children found to be satisfactory continues at the same high level. This can be considered a true assessment as the new classification system is established.

Treatment of Defects Found.

According to the severity of any defect found it is either observed or treated.

In the first instance, the child would be seen again in 3, 6 or 12 months, either at the school clinic or at the school during another inspection. Where treatment is thought advisable, the child is referred to the family doctor, to hospital or to the school clinic.

Health Inspections.

These are the development of the old cleanliness inspections. The accent is now more on health and as general hygiene has improved the “unclean children” become fewer.

The following Table—“Infestation with Vermin”, shows the numbers of inspections carried out by the School Nurses.

(i)	Total number of examinations of children in the schools	16,890	(16,370)
(ii)	Number of individual children found unclean	82	(87)
(iii)	Number of children in respect of whom cleansing notices were issued (Education Act 1944, Sect. 54 (2)	27	(19)
(iv)	Number of children in respect of whom cleansing orders were issued (Education Act 1944, Sect. 54 (3)	—	(—)

It is gratifying to note that the number of children found to be unclean has dropped from last year.

Work of School Nurses.

Visits to homes:—

By direct instructions of School Medical Officer ..	311	(379)
At request of School Enquiry Officer	23	(19)
Following up of cases of uncleanliness	208	(96)
General cases, following up	531	(408)
	<hr/>	<hr/>
	1,073	(902)
School visits—miscellaneous	509	(454)
	<hr/>	<hr/>
Total:	1,582	(1,356)

It will be noted that there has been a marked increase in the numbers of both home and school visits. This increase in such an important part of the work of School Nurses, has been made possible by a much needed increase in staff.

School Clinics.

The range of problems dealt with at the minor ailment clinics was again wide and varied. There was a further falling off in total attendances made, and again commensurate with this, a decrease in the total number found to require treatment. The trend therefore in both instances, continues in the right direction, and indicates a sustained improvement in the general health of school children.

The Child Welfare and Minor Ailments Clinic had again to share time and place with sessions for immunisation against Poliomyelitis, the campaign for which has gone well.

Clinics were held at:

Arthur Blackman Clinic, Battle Road,
St. Leonards-on-Sea
Ore Clinic, Old London Road,
Hastings

Mondays & Thursdays at 9.30 a.m.

Tuesdays & Fridays at 9.30 a.m.

Any school child attending a local authority school may attend either school clinic with the parent or with parental consent. Treatment and/or advice is given. The child may be treated at the clinic, referred to its own private doctor, hospital or special clinic. The school clinic aims only at the treatment of minor ailments and defects, not of the sick child requiring home or outpatient treatment. Children referred from routine medical inspection or from other sources can receive more detailed examination and investigation at the school clinic and are seen as frequently as considered necessary.

Analysis of work done at the Clinics.

Total number of children examined	..	768	(825)
Total attendances made	.. ..	1,219	(1,406)
Total number found to require treatment	.. ..	472	(635)

Minor Ailments treated:

Disease—					
Ringworm (body)	..	..	..	2	(—)
„ (scalp)	..	..	..	1	(—)
Scabies	..	..	..	—	(2)
Impetigo	..	..	..	20	(11)
Miscellaneous (minor injuries, burns, scalds, sores, abscesses, etc.)	..	..	..	64	(93)
Ear, nose and throat	..	..	..	25	(32)
Eye diseases (external)		..	..	45	(60)
Plantar Warts	..	..	..	36	(85)
Other skin diseases	..	..	..	212	(223)
				<hr/> 405	<hr/> (506)

Exclusions from School.

13 children were excluded from school by the School Medical Officer for the following diseases:—

Diseases of the skin (including ringworm and scabies)	5	(2)
Infectious diseases (including rheumatism and influenza)	1	(—)
Bronchial catarrh and colds, etc.	—	(—)
Nervous system	—	(1)
Diseases of the eye	1	(8)
Nits and vermin and uncleanness	6	(6)
Inflammatory conditions of the throat	—	(—)
Diseases of the digestive system	—	(—)
	<hr/> 13	<hr/> (17)

Infectious Diseases.

The number of cases of infectious diseases notified by general practitioners for the year 1961 occurring in school children, are:

Pneumonia	..	3	Typhoid Fever	..	1
Scarlet Fever	..	1	Whooping cough	..	10
Measles	..	124	Pulmonary Tuberculosis		1

Any case of infectious disease coming to the notice of a head teacher, school nurse or school enquiry officer is also notified to the Health Department.

This information is of great help in the general precautions taken to prevent spread of infectious diseases, especially those which are not notifiable.

The one case of typhoid fever occurred in a school girl aged 10 years, and she was admitted to Mount Pleasant Fever Hospital. For some weeks repeated tests of blood and faeces were negative to typhoid. Eventually however, they became positive and she made a straightforward recovery.

The following table, in general use, gives guidance as to the exclusion of both cases and contacts of infectious disease.

**MINISTRY OF HEALTH AND EDUCATION RECOMMENDATIONS FOR EXCLUSION
FROM SCHOOL IN CERTAIN INFECTIOUS DISEASES.**

	Usual Incubation period (days)	Interval between onset and appearance of rash (days)	Period of exclusion	
			Patients	Contacts, <i>i.e.</i> , the other members of the family or household living to- gether as a family, that is, in one tenement.
SCARLET FEVER (and strepto- coccal sore throat)	2—5	1—2	7 days after discharge from hospital or from home isolation (unless “cold in the head,” dis- charge from the nose or ear, sore throat, or “septic spots” be present.)	Children—no exclusion. Persons engaged in the preparation or service of school meals to be excluded until Medical Officer of Health certi- fies that they may re- sume work.
DIPHTHERIA	2—5	—	Until pronounced by a medical practitioner to be fit and free from infection.	At least 7 days. Return to school should not be permitted until bacteri- ological examination has proved negative.
MEASLES	10—15	3—4	10 days after the appear- ance of the rash if the child appears well.	Children under 5 years of age should be excluded for 14 days from date of appearance of the rash in the last case in the house. Other contacts can attend school. Any contact suffering from a cough, cold, chill or red eyes should be immedi- ately excluded. A child who is known with certainty to have had the disease need not be excluded.
GERMAN MEASLES	14—21	0—2	7 days from the appear- ance of the rash.	None.
WHOOPING COUGH	7—10	—	28 days from the begin- ning of the character- istic cough.	Children under 7 years of age should be ex- cluded for 21 days from the date of onset of the disease in the last case in the house. A child who is known with certainty to have had the disease need not be excluded.
MUMPS	12—28	—	7 days from the subsid- ence of all swelling.	None.
CHICKEN POX	11—21	0—2	14 days from the date of appearance of the rash.	None.
POLIOMYE- LITIS	7—14	—	At least 6 weeks. Will usually require a much longer period for re- covery.	At least 21 days.
ENCEPHAL- ITIS	4—30	—		
MENINGO- COCCAL INFECTION	2—10	—		

Tuberculosis.

The B.C.G. immunisation scheme commenced in 1955, was continued this year.

On receiving the parents' consent the children in the 13 year old age group are given a skin test in school. This is read 48 hours later and the Mantoux negative children given the B.C.G. immunisation.

The Mantoux positive cases are given a letter to take home advising a further check by X-ray to make sure that there is no active disease.

Of 955 children 796 consents were obtained and 754 actually attended—and the scheme was offered but not urged on parents in any way.

54 children were positive and 700 negative. 699 children were immunised. This gives a figure of 92.8% negative and 7.2% positive in the schools. There was little or no variation from school to school.

No particular difficulties were encountered apart from the fact that record keeping and checking is the most time consuming part of the operation.

Thanks to the excellent co-operation of the head teachers concerned disturbance to school routine has been kept to a minimum.

Families who have children who are Mantoux positive are persuaded to attend the Chest Clinic for check up on the grounds that the child's infection must have come from somewhere. To date this check up has revealed very few cases of active tuberculosis in the associated adults.

Where a child is reported to have active tuberculosis and has been attending school it is now customary to Mantoux test all the class mates and X-ray any positives. Friends and close intimates are also checked. Parents generally have been extremely co-operative, but it has been difficult to avoid undue worry in many cases over what after all is merely a check up. As more of this work is done no doubt it will be accepted more readily for what it is—a precautionary measure.

The Chest Physician and his staff are extremely helpful and co-operative and a close liaison is maintained between the Chest Clinic and the Health Department.

Anti-Diphtheria Immunisation.

Though publicity with regard to anti-diphtheria immunisation is maintained at its usual high standard, there is still a gradual decrease in the percentage of children being protected against diphtheria. This state of affairs is not confined to the borough, but is country wide.

For the prevention of an epidemic of diphtheria, it is estimated that 75% of the child population in a community should be immunised. That these figures are not being obtained is due to apathy induced by the extremely low incidence of the disease in the country. Efforts must be redoubled to persuade the parents to have their children immunised.

Employment of Children.

During the year 1961 a total of 221 children were medically examined for employment under the provisions of the Children and Young Persons Act, 1933.

Employment cards were issued as follows:—

Errands	..	..	..	..	33	(33)
Delivery of newspapers			..	..	44	(33)
Assisting in shops	..	..	..	..	93	(46)
Other employments	..	..	..	..	51	(40)

These children are examined in the school clinics, to ensure that the work proposed will not be prejudicial to the individual child's health or interfere with its education. No child was turned down on medical grounds.

Provision of Meals in Schools.

The Chief Education Officer reports as follows:—

During the year the School Meals Service provided 753,629 meals to maintained and independent schools in the Borough. The average number of meals provided daily was 3,826 of which 367 were provided free.

The termly meetings, started last year between the Organiser and representative pupils to ensure that menus are compiled with an eye both to the choice of the school child, as far as is nutritionally sound, and to the introduction of an element of food education, have continued with success.

In the first half of the year, a School Meals Service staff training scheme was inaugurated. A qualified Kitchen Supervisor was appointed to Priory Road K.D.R. in charge of the training of recruits to the Service. The courses offered at the present time are:—

Course I

Basic Instructions for Full-time Kitchen Assistants.

Duration 6 weeks; and

Course II

Basic Instructions for Part-time Kitchen Assistants.

Duration 3 weeks.

In both Courses, special emphasis is laid on food and personal hygiene and the most efficient methods of cleaning and sterilising equipment are taught.

School Leavers (Juvenile Employment).

Every child is examined in his or her last year at school, and a special card devised by the Juvenile Employment Officer is completed, showing important defects which render the child unsuitable physically for any particular types of work, a factor of considerable use to the Employment Officer in the placing of square pegs in square holes. In individual cases, even closer contact is maintained when considered desirable in the child's interests.

Milk in Schools Schemes.

The following sample weeks show the number of children who receive milk at schools:—

	<i>No. of Children in</i>		<i>No. of Children taking milk</i>	
	County and Voluntary Schools	Independent Schools	County and Voluntary Schools	Independent Schools
October, 1960	7,612	1,875	6,953	1,615
October, 1961	7,612	1,927	6,469	1,660

Special Clinics:

Ophthalmic Clinic.

The school refraction clinics were held by Mr. A. Hollingsworth and Mr. W. G. Bridges.

Mr. Hollingsworth comments:—The work of the School Refraction Clinics has proceeded satisfactorily during 1961. There is no delay in seeing new cases

and all re-examinations are being carried out at the scheduled intervals. There is good liaison with the Hospital Service and all children having squints or imperfect muscle balance are referred to the Orthoptist.

Treatment of Eye diseases, defective vision and squint, 1961.

	<i>By Authority</i>		<i>Otherwise</i>	
	<i>Service</i>			
External and other, excluding errors of refraction and squint	45	(60)	—	(38)
Errors of refraction (including squint) ..	623	(719)	—	(5)
	<hr/>	<hr/>	<hr/>	<hr/>
Total	668	(779)	—	(43)
Number of pupils for whom spectacles were prescribed	155	(171)	—	(3)

Child Guidance Clinic.

This clinic is held at 33 Cambridge Road, Hastings. The full staff consists of a psychiatrist, educational psychologist, social worker and a clerk.

The new scheme of a shared service with Eastbourne County Borough proved to be satisfactory, and the work during the year was carried out efficiently and harmoniously. Under the scheme the two Authorities share equally the services of the psychiatric social worker, the educational psychologist and the clerk, whilst the Regional Hospital Board continue to provide a psychiatrist on a sessional basis.

All local cases pass through the hands of the School Medical Officer whatever the initial source of reference, so priority may be given to any case of extreme urgency and the cases integrated with the School Health Service as a whole. The Education Authority permits the investigation and treatment at this clinic of schoolchildren attending private schools, at the discretion of the Principal School Medical Officer, child guidance facilities not being available through any other source. The number of children so attending is small.

The following is a summary of the work done in the clinic for the year ending 31st December, 1961:—

				Hastings Cases	
Number of new cases referred in 1961 .. ..	..	..	..	85	
Number of cases re-referred in 1961 .. ..	..	..	..	19	104
Referred by:					
Assistant School Medical Officers .. ..	..	..	..	36	
Schools .. ..	..	..	..	25	
Private Doctors .. ..	..	..	..	8	
Hospitals .. ..	..	..	..	11	
Juvenile Courts .. ..	..	..	..	—
Probation Officers .. ..	..	..	..	2	
Children's Officer .. ..	..	..	..	9	
Parents and other sources .. ..	..	..	..	13	104
Problems:					
Personality and nervous disorders .. ..	..	..	..	7	
Habit disorders .. ..	..	..	..	5	
Behaviour disorders .. ..	..	..	..	27	
Educational and vocational guidance .. ..	..	..	..	12	
Special examination for Juvenile Court or placement .. ..	..	..	..	2	
Assessment of intelligence .. ..	..	..	..	51	104

How dealt with:

Psychiatric treatment	..	..	..	..	14	
Remedial teaching	..	..	..	..	5	
Periodic supervision	..	..	..	..	48	
Advice	..	..	..	..	12	
Intelligence tests (and closed)	..	..	..	..	8	
Withdrawn before diagnostic interview	..	..	..	..	4	
Awaiting (diagnostic or intelligence tests)	..	..	..	..	13	104

Analysis of Treatment. Cases closed during current year: (i.e. old and new cases seen by Psychiatrist in 1961 and previous years and discharged during 1961 according to the following categories):—

Discharged—Improved	..	..	..	..	2	
Not improved	..	..	..	..	—
After advice	..	..	..	..	5	
Transferred	..	..	..	..	3	
Unco-operative	..	..	..	..	5	

Psychiatrist:

Diagnostic interviews	..	..	..	..	28	
Treatment interviews	..	..	..	..	*194	

*17 of these interviews relate to County cases.

Psychologist:

Interviews for tests (including school tests)	..	..	..	..	123	
School visits	..	..	..	..	47	
Home and Miscellaneous visits	..	..	..	..	42	
Remedial teaching interviews	..	..	..	..	230	
Supervision interviews	..	..	..	..	15	
Clinic interviews with parents, etc.	..	..	..	..	84	

Analysis of remedial teaching:

Discharged—Improved	..	..	..	..	3	
Unco-operative	..	..	..	..	—
Transferred to Special School or class	..	..	..	..	—
Moved from district	..	..	..	..	—
Still receiving remedial teaching	..	..	..	..	7	
Still under supervision	..	..	..	..	4	

Psychiatric Social Worker:

Interviews in Clinic	..	..	..	..	169	
Home and other visits	..	..	..	..	267	
Social histories	..	..	..	..	31	

Educational Psychology:

The scheme for education psychology in the schools continued during the year and it was found possible to increase the number of school visits. The psychologist is able to make more contact with headmasters and test or advise on backward children, and others presenting educational problems, informally and directly. Although there has been a further increase in this work, the need for a full time psychologist is still there and it is planned that the Authority will eventually have one.

This will open up all sorts of possibilities which are under exploration by the Education Officer and the Principal School Medical Officer, not least of which should be early reference and advice, with perhaps eventually all edu-

cationally sub-normal cases being found through this channel rather than awaiting the formal request for ascertainment as at present.

Speech Therapy Clinic:

A full-time Speech Therapist has been working regularly in Hastings throughout the year, carrying out the treatment of disorders of speech in children of pre-school and school age.

During the year regular weekly visits have been made to the Robert Mitchell Open Air School, Red Lake Infants School and the Occupation Centre. The weekly session at the Wishing Tree School has been extended to a full school day owing to the increase in the amount of children requiring treatment at this school. A weekly session has also been held at the Blackman Clinic to serve the other Hollington schools.

Children are referred through the School Medical Officer. The greatest proportion of children requiring Speech Therapy are attending infant schools, though children come to the clinic before attending schools and also while attending Junior and Secondary schools.

No. of cases on register 1.1.61	..	..	102
No. of new cases admitted during year	..		71
No. of patients discharged during year	..		57
No. remaining on register 31.12.61	..		116
Total number of patients who received treatment during 1961	..	..	173
Analysis of cases treated:			
Stammering	..	..	27
Dyslalia	..	..	75
Dyslalia, due to low I.Q.	..	..	19
Alalia	..	..	3
Dysarthria	..	..	1
Dysphonia	..	..	2
Partially deaf	..	..	—
Sigmatism only	..	..	32
Slow speech development	..	..	7
Dyslalia and Dysphonia	..	..	—
Stammering and Low I.Q.	..	..	—
Cleft Palate	..	..	1
Dyslalia due to high frequency deafness	..	..	—
Dysenia	..	..	6
Discharged:			
Dyslalia—Normal Speech	..	..	10
Much improved	..	..	8
Left district	..	..	7
Failed to attend	..	..	4
Refused treatment	..	..	3
Stammering—Normal speech	..	..	2
Much improved	..	..	4
Left district	..	..	3
Failed to attend	..	..	1
Sigmatism—Normal speech	..	..	3
Much improved	..	..	2
Failed to attend	..	..	3
Dysenia—Much improved	..	..	1
Handed on to Teacher of Deaf	..	..	4

Dysphonia—Much improved	..	..	..	I
On advice of Mr. Day	..	..	..	I

Foot Health Clinic:

A fully qualified chiropodist is employed on a sessional basis and at present does three sessions a week throughout the year. He is kept fully occupied.

Most of his work consists of treating plantar warts. During the year it has been found that incidence of plantar warts is below 1.5% in junior schools, 1.9% in senior schools and 0.7% in infant schools.

During the year 487 new cases were treated at the foot clinic, making a total of 1,564 attendances.

Foot inspections by Chiropodist 1961:—

		<i>No. Inspected</i>	<i>No. Verrucae</i>	<i>% Infected</i>
Senior Schools	..	3,804	74	1.9
Junior „	..	2,611	38	1.5
Infants „	..	1,510	10	.7

Mr. C. R. M. Gallini, the School Chiropodist, reports as follows:—

Inspections. All schools were inspected in 1961. Hastings Secondary Modern Girls School was inspected twice.

Verruca. 228 new cases were recorded in 1961 (1960: 208). The average number of visits per case was 4.8 (1960: 4.9). Presumably this latter figure will not alter very much.

Other cases. More time was given to the correction of mild foot deformities this year. A good example is “retracted toes”, a condition of permanent dorsiflexion of one or more toes.

This is not bothersome in childhood but in later years the added pressure on the corresponding metatarsal-phalangeal joint can give rise to a most painful callus, more especially if the joint has become stiff and immovable. When this happens the toes gradually retract further and the patient must then visit a chiropodist regularly.

With children, treatment consists of plantar-flexing exercises and manipulation. Co-operation is good and after the first two or three visits the child is seen at six-monthly intervals. Some cases straighten quite well, in all cases a good movement is attained and the school leaver is aware of the need to continue the exercise. It can safely be said that future pain and discomfort have been minimised.

SECTION B

SCHOOL DENTAL SERVICE

The Principal School Dental Officer, Miss E. M. Young, reports as follows:—

There are 8,089 children in the schools administered by the local Education Authority, of these 4,314 are in the infant and junior schools, 3,775 in the senior schools, and 119 in schools for handicapped children.

Treatment is provided at two Clinics which are situated so that one or other is easily reached from all the schools. Both Clinics are staffed full time and attendances are well maintained during holidays as well as term time.

During 1961, the routine dental inspection of the school children presented a picture at the same time encouraging and depressing. Few children had completely neglected mouths, but almost equally few have the full complement of their teeth naturally sound. All age groups showed multiple fillings in temporary or permanent teeth according to age.

Conservative work is highly estimable, but the aim should be to prevent the onset of decay. This can be done with care and due attention. Regular cleaning of ones teeth is a 'must' but cleaning is ineffectual if immediately after food is taken and allowed to stagnate around the teeth.

Nibbling between meals and over indulgence in sweets are two of the main causes of caries. In these days when many children have lavish pocket money, far too much goes on sweets with resulting damage to the teeth and loss of appetite for the essentials of a good diet.

The use of a tooth brush and tooth paste is an effective and convenient form of tooth cleaning, when this is not possible, meals should finish with a hard naturally cleansing food such as an apple, alternatively the mouth could be vigorously rinsed with water.

During the past year there has been a number of changes in the staff. In September, due to re-organisation of the orthodontic service, we said good-bye to Dr. Ian Chisholm and were joined by Mr. Plint of the Hospital Service.

Dr. Chisholm has given over ten years of loyal and valuable service. One of the first orthodontists to be employed within the framework of the School Dental Service, the various dental officers who have worked with him always found a colleague with whom it was a pleasure to discuss a case, as the well-being of his patients was foremost in his mind.

From January until the end of April, the Clinics were not fully staffed, but a second part-time officer began work in May and since then I am pleased to report both clinics have functioned fully.

The George Rainey School for delicate boys is treated by special arrangement with the L.C.C.

A summary of the work done during the year for them follows:—

	Spring Term	Summer Term	Autumn Term	Totals
Number Inspected	36	36	34	106
Number of Attendances at Clinic ..	19	42	71	132
Fillings { Permanent Teeth ..	15	35	59	109
{ Temporary Teeth ..	—	1	2	3
Dressings { Permanent Teeth ..	1	2	1	4
{ Temporary Teeth ..	—	—	—	—
Extractions { Permanent Teeth ..	3	12	8	23
{ Temporary Teeth ..	5	19	24	48
Anaesthetics { Local	6	7	5	18
{ General	3	14	13	30
Other Operations	6	4	19	29

Below are details of the work done during the year for the Local Authority's schools, the corresponding figures for 1960 are given in brackets. The gradual fall in extractions is satisfactory especially when the fact that 248 of the 789 permanent extractions were for orthodontic purposes.

(1) Number of pupils inspected by the Authority's Dental Officers:				
(a) at Periodic Inspections	5,443	(5,395)		
(b) as Specials	1,186	(759)		
Total (1)			6,629	(6,154)
(2) Number found to require treatment ..			4,490	(3,564)
(3) Number offered treatment			4,484	(3,532)
(4) Number actually treated			2,015	(2,239)
(5) Number of attendances made by pupils including those recorded at heading 13 (h) below			6,569	(7,546)
(6) Half days devoted to:				
Periodic (School) Inspection	23½	(26½)		
Treatment	761½	(867)		
Total (6)			785	(893½)
(7) Fillings: Permanent Teeth	5,396	(5,462)		
Temporary Teeth	1,065	(1,072)		
Total (7)			6,461	(6,534)
(8) Number of teeth filled:				
Permanent Teeth	4,502	(4,514)		
Temporary Teeth	949	(972)		
Total (8)			5,451	(5,486)
(9) Extractions: Permanent Teeth	759	(789)		
Temporary Teeth	1,412	(1,908)		
Total (9)			2,171	(2,697)
(10) Administration of general anaesthetics for extraction			793	(1,088)

Orthodontics:

(11)	Number of pupils fitted with artificial dentures					15	(31)
(12)	Other Operations:						
	Permanent Teeth	..	..	2,080	(2,341)		
	Temporary Teeth	..	..	190	(85)		
	Total (12)	..	..			2,270	(2,426)
(13)	(a) Cases commenced during the year	..	..			108	(102)
	(b) Cases carried forward from previous year	..	..			128	(133)
	(c) Cases completed during the year	..	..			55	(93)
	(d) Cases discontinued during the year	..	..			25	(21)
	(e) Pupils treated with appliances	..	..			67	(87)
	(f) Removable appliances fitted	..	..			67	(87)
	(g) Fixed appliances fitted	..	..	..		Nil	(Nil)
	(h) Total attendances	..	..	..		876	(1,099)

Orthodontic Clinic:

No. of Sessions	..	..	..	..		50	(49)
Attendances at these Sessions			..	..		613	(637)
New Cases	..	..	..	..		85	(67)
Completed cases	..	..	..	..		40	(59)
Cases treated (A7)	..	..	..	..		199	(184)
*Cases discontinued	..	..	..	..		19	(16)
Appliances fitted	..	..	..	..		41	(46)

* Includes those who have left the district or school as well as failed to co-operate in the treatment.

I should like to thank the part-time professional staff, the dental staff, health visitors and school teachers as without their continued co-operation, the work would not proceed so smoothly.

SECTION C

HANDICAPPED CHILDREN

The Education Act, 1944, states that "... a local education authority shall, in particular have regard ... to the need for securing that provision is made for pupils who suffer from any disability of mind or body by providing, either in special schools, or otherwise, special educational treatment, that is to say, education by special methods appropriate for persons suffering from that disability ..."

The following categories of Handicapped Pupils are recognised:—

(a) blind; (b) partially sighted; (c) deaf; (d) partially deaf; (e) delicate; (f) diabetic; (g) educationally subnormal; (h) epileptic; (i) maladjusted; (j) physically handicapped; (k) pupils suffering from speech defect.

Any pupil who might come within any of the above categories is specially examined by the School Medical Officer. The case may be found at routine medical inspection, or referred by a general practitioner, teacher, health visitor or parent.

The School Medical Officer, after examination of the child, reports to the Education authority, giving advice on the child's further treatment and education.

In many cases, the requisite care and special schooling can be obtained by transfer to the Authority's open air or other special schools: other cases require highly specialised education in residential schools, e.g., the blind, partially blind, deaf, etc. The local Education authority assume responsibility financially in these latter cases, except in the case of special hospital schools, where residence and treatment is provided by the Regional Hospital Board, and the authority pays the educational costs.

Not all children with specific defects require special school education: as example, a diabetic child may be sufficiently stable under insulin treatment to attend a normal school and live to all intents and purposes a normal school life.

School for Delicate Children.

The Education Authority maintains one school for delicate and physically handicapped children. There are a total of 50 places.

The numbers of pupils remain low, as stated in the previous report due to continued improvement in treatment and especially to earlier treatment of conditions.

The school has to deal with an age range from 5 to 16 years. Throughout the year the number in each age group of the pupils were as follows:—5-7, 19; 8-10, 17; 11-12, 7; 13-16, 6.

Teaching is difficult in spite of small numbers. Many of the children are very backward in their work. In addition to having a physical defect and falling behind by reason of absence from school, there is sometimes some basic mental subnormality. The school is used in many ways. Sometimes epileptics not yet stabilised are admitted for a term—occasionally pupils who might be partially sighted or partially deaf are admitted pending observation on progress with more individual tuition or awaiting placement in a special school.

An analysis of the numbers attending during 1961 follows:—

Robert Mitchell

Number on register 1st January, 1961	..	..	32
Number of admissions during the year	..	..	17
Number of discharges during the year	..	..	12
Transferred to E.S.N. School	..	..	3
Number on register 31st December, 1961	..	..	34

Special medical examinations are carried out on each pupil once each term: in addition, the School Medical Officers visit frequently to note the progress of the pupils and make any adjustment necessary in the school activities of the individual pupils.

Children are left at the school until it is considered that they will be able to stand up to the strain of ordinary school life. Their stay may be measured in months or years depending entirely on individual requirements, the average stay being 18 months.

The conditions from which the children attending the Robert Mitchell School during the year were suffering are as follows:—

Asthma	..	..	..	..	10	(11)
Recurrent bronchitis and bronchiectasis	..	..	..	..	7	(6)
Rheumatism including chorea	..	..	..	..	—	(—)
Debility and/or subnormal nutrition	..	..	..	..	11	(12)
T.B. glands, neck	..	..	..	..	—	(—)
T.B. contacts, primary lesions, hilar glands, etc.	..	..	..	..	—	(1)
Spastic conditions	..	..	..	..	4	(3)
Other crippling conditions	..	..	..	..	3	(4)
Epilepsy	..	..	..	..	2	(6)
Other conditions	..	..	..	..	12	(10)

It may be noted that several children suffer from multiple defects.

It should be remarked that the cases shown as tubercular are all, without exception, non-infectious “closed” cases, so that there is no danger in any way of the infection affecting other pupils.

Children discharged during 1961.

Transferred to ordinary school system	..	..	8	(14)
Transferred to other special institutions or schools	..	..	1	(2)
Transferred to E.S.N. School	..	..	3	(3)
Left district	..	..	2	(1)
Ineducable	..	..	1	(—)
Exclusions	..	..	—	(1)

Educationally Subnormal Children.

The Wishing Tree Special school provides excellent specialised teaching for E.S.N. children whose intelligence is too poor to remain in the normal schools with any benefit.

The I.Qs of these boys and girls varies between 50 and 90 on the Terman Merrill scale.

A number of children are admitted who with remedial teaching should be able to return to the ordinary schools after a year or two.

It is a great pleasure to note the provision of more special classes in the ordinary schools. More important still, teachers with special training and experience in dealing with backward children are also employed.

In connection with backward children, some parents if given instruction on the right lines can give their children the individual coaching at home they are unable to get at school.

Before a child is ascertained as educationally sub-normal, careful mental and physical examinations are carried out. The results of these, the teachers' reports, and the parents' feelings in the matter are carefully weighed up. In some difficult cases decision is postponed for a further period. Again, if the parent is not willing to agree to the child's transfer immediately, discussion of child's progress a term later, combined with the excellent backing from respective headmasters, produces a willing parent. A co-operative parent is most essential to the child's progress and wellbeing.

No. of children examined. ?E.S.N. during 1961	..	..	16
No. of other children re-tested	..	..	21
No. of children ascertained as E.S.N. during 1961	..	..	21

Wishing Tree School.

No. in attendance January, 1961	..	..	83
No. of admissions and re-admissions during the year	..	..	20
No. of school leavers (15 and 16)	..	..	8
No. returned to ordinary school	..	..	5
No. left district	..	..	3
Transferred to Residential School	..	..	1
Ineducable	..	..	1
No. in attendance December, 1961	..	..	*85

* includes 11 from other Authorities.

Children found unsuitable for education at school.

During the year 1961, 7 children were the subject of new decisions recorded under Section 57 (4) of the Education Act, 1944. No decisions were cancelled under Section 57A (2) of the Act.

Defective Hearing.

The importance of early detection of hearing defects has been emphasised by the Minister of Health, and special attention has now been given to this.

In addition to the testing of hearing at routine medical examinations, since September 1961, audiometric testing is carried out within the school medical service. This facilitates both the early and accurate diagnosis of defects.

Cases requiring investigation and treatment are referred with the co-operation of the family doctor to the Consultant at the audiology unit of the local hospital. There is close co-operation from the Speech Therapist, Educational Psychologist and when necessary, the teacher for the deaf. Instruction in lip reading is also given.

Sixteen children have been referred for investigation.

Fourteen children wear hearing aids.

Epilepsy.

A majority of children seem to respond to treatment and continue in the ordinary school under suitable treatment.

A few cases go to the school for delicate children during the period of stabilisation. Life is quieter and easier. Treatment if required can be given during school hours. Once all is satisfactory the child returns to the ordinary school.

Some, however, do not respond satisfactorily to treatment and cannot be kept in school because of behaviour or frequency of attacks. They may go to a special school for epileptics or return to school in due course.

The paediatrician gives excellent co-operation and children are fully investigated.

As with other disabilities, parents are welcomed at the school clinics and their problems discussed. Every effort is made to back up advice given by the child's own doctor and the consultant. This is easy when everyone is kept fully informed.

13 children are known to have epilepsy.

Residential Special Education.

Children, relatively few in number, who require special treatment and education which cannot be provided by the Authority's special schools are sent by arrangement to other educational establishments outside the Borough. These include children who are blind or partially sighted, epileptic or maladjusted.

It continues to be difficult to obtain places for maladjusted or educationally sub-normal pupils.

The total number of children in various institutions at the end of 1961 was: partially blind, 1; deaf, 3; cripples, 2; maladjusted, 8; physically handicapped, 1; spastics, 5; E.S.N., 2; a total in all of 22 children.

Home Tuition.

Children who are in hospital or incapacitated so as to be unable to attend school may be provided with a home teacher. 19 were helped in this way.

Hospital Treatment.

Special arrangements for the attendance of children suffering from diabetes continues to be made under the National Health Service at the special clinic at the Royal East Sussex Hospital. Children suffering from orthopaedic conditions and tuberculosis are dealt with in their appropriate clinics at the same Hospital.

Contact is maintained with these hospital clinics, especially the chest clinic, diabetic clinic, orthopaedic clinic and paediatric clinic, both directly and through the health visitors. Health visitors follow up cases and attend the clinics mentioned, thus being able to follow up necessary treatments in home or school and to pursue defaulters.

Medical Reports—Juvenile Court.

42 medical reports were made by the School Medical Officers during 1961, in respect of children appearing before the Juvenile Court.

A. H. Butler, Ltd., St. Leonards-on-Sea.

